



Division of Unemployment Insurance  
Employer Contributions Operations  
P. O. Box 9953  
Wilmington, DE 19809-0953  
(302) 761-8482

*\* PLEASE DETACH, COMPLETE AND RETURN THE LOWER TWO THIRDS OF THIS DOCUMENT, ENSURING \*  
\* THAT THE RETURN ADDRESS IN THIS SECTION SHOWS THROUGH THE ENVELOPE WINDOW \**

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**REMARKS:** (ADDITIONAL SPACE FOR REMARKS PROVIDED ON BACK)

REASON FOR SEPARATION	
<input type="checkbox"/> LAY-OFF FOR LACK OF WORK	
<input type="checkbox"/> OTHER REASON (PLEASE EXPLAIN UNDER "REMARKS")	

CHECK HERE IF TEMPORARY LAYOFF IS NOT MORE THAN 45 DAYS.  
IF FORMER EMPLOYEE IS ELIGIBLE FOR A PENSION, PLEASE COMPLETE REVERSE SIDE.

LAST DAY WORKED >	EXPECTED REHIRE DATE >
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**FORMER EMPLOYEE**

**EMPLOYER**

**DATE OF NOTICE**

SSA. NO.:

TOTAL WAGES:

DATE OF CLAIM:

LO:

The above named individual has filed a claim for benefits under the Delaware Unemployment Compensation Law in which you are named as a base period employer. It is required that you return this form within 7 days from the date of notice indicated above and provide in detail, the reason for this individual's separation from your employ. Failure to return this form within the period prescribed shall result in benefit wages being charged to your account, regardless of the reason for separation.

EMPLOYER: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**PENSION INFORMATION**

AMOUNT OF PENSION (DO NOT INCLUDE FEDERAL SOCIAL SECURITY BENEFITS). \$ \_\_\_\_\_

- MONTHLY
- WEEKLY
- OTHER (SPECIFY) \_\_\_\_\_

IF EMPLOYEE HAS PARTICIPATED IN PAYING FOR THIS PENSION, PLEASE CHECK CORRECT BOX AND INDICATE THE AMOUNT OF PENSION FINANCED WHOLLY BY EMPLOYER FUNDS. \$ \_\_\_\_\_

EFFECTIVE DATE OF PENSION: \_\_\_\_\_

**ADDITIONAL REMARKS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_