

STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY



SEPARATION NOTICE

1. Employee's Name: _____ 2. SSN _____
First Middle Initial Last

3. Last Employed: From: _____ to _____ Occupation: _____
(mm/dd/yy) (mm/dd/yy)

4. Where was work performed? _____

5. Reason for Separation: ☐ Lack of Work ☐ Discharge ☐ Quit

If lack of work, indicate if layoff is ☐ Permanent ☐ Temporary

If temporary, when do you expect to recall this individual? Date _____
(mm/dd/yy)

If temporary, report any vacation pay that will be paid. Week Ending Date _____ Amount _____
(mm/dd/yy)

If layoff is indefinite vacation pay should not be reported.

If other than lack of work, explain the circumstances of this separation:

Employer's
Name: _____

Address where additional information may be obtained:

City: _____ State: _____ Zip
Code: _____

Employer's
Telephone Number: _____
(Area Code) (Number) (Ext)

Employer's E-Mail
Address _____

EMPLOYER'S ACCOUNT NUMBER

*(Number shown on State Quarterly Wage Report (LB-0851) and
Premium Report (LB-0456))*

I certify that the above worker has been separated from work
and the information furnished hereon is true and correct.
This report has been handed to or mailed to the worker.

Signature of Official or Representative of the Employer
who has first-hand knowledge of the separation.

Title of Person Signing

Date Completed and Released to Employee

(mm/dd/yy)

NOTICE TO EMPLOYER

Within 24 hours of the time of separation, you are required
by Rule 0800-09-01 of the Tennessee Employment Security
Law to provide the employee with this document, properly
executed, giving the reasons for separation. If you
subsequently receive a request for the same information on
LB-0810, please give complete information in your response.

NOTICE TO EMPLOYEE

**IF YOU ARE FILING A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS BY TELEPHONE OR INTERNET YOU MAY BE
INSTRUCTED TO MAIL OR FAX THE SEPARATION NOTICE TO THE TENNESSEE CLAIMS CENTER. IF YOU ARE FILING A
CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS IN-PERSON PLEASE TAKE THIS NOTICE TO THE LABOR AND
WORKFORCE DEVELOPMENT OFFICE.**

INSTRUCTIONS

SEPARATION NOTICES

Rule 0800-09-01 of the Rules and Regulations of the Tennessee Employment Security Law, requires all employers to furnish each separated employee with a Separation Notice, LB-0489, within 24 hours of the employee's separation from employment.

Separation Notices do not have to be given to any employee who has been in your employ for less than a week or who will be recalled within seven days.

Separation Notices reduce the administrative costs of processing an unemployment insurance claim and helps make a more accurate determination of the claimant's eligibility for benefits.

Please complete the Separation Notice in its entirety.

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Check the appropriate block as to the reason the worker is separated. If the separation was for any reason other than lack of work, give a clear explanation for the separation in the box provided. Please indicate whether the separation is permanent or temporary, and, if temporary, when you expect to recall the worker.

To obtain Separation Notice forms, please:

- make copies of the form on the reverse side of these instructions, or
- call toll-free: 1-800-344-8337 in Tennessee
- go to our Web Site www.tennessee.gov/labor-wfd/ and to Forms, Unemployment Insurance Forms - Employers, and scroll to Separation Notice, LB-0489