

**NOTICE OF SEPARATION OR REFUSAL OF WORK UNDER CONDITIONS THAT MAY DISQUALIFY 60-0154(2-97)**

*Instructions On Reverse*

WORKER'S NAME	SOCIAL SECURITY NUMBER	(Date) Separation or refusal to work		
		Month	Day	Year

<p><i>EMPLOYMENT WAS TERMINATED FOR THE REASON CHECKED</i></p> <p>The Protest Box and Complete Separation or Refusal of Work Date MUST BE INDICATED on all responses.</p>	<p>1. Voluntary</p> <p><input type="checkbox"/> quit</p>	<p>2. Discharged for</p> <p><input type="checkbox"/> misconduct in connection with work</p>	<p>3. Refused suitable</p> <p><input type="checkbox"/> work or recall to work</p>	<p>4. Left to take other</p> <p><input type="checkbox"/> employment</p>
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IOWA ACCOUNT NUMBER	If Applicable, Location Code

EMPLOYER
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EMPLOYER ADDRESS (Street, City, State and Zip Code)
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The separation information you provide must be Certified Correct By Signing and Completing the Signature Box.

CERTIFIED CORRECT BY (BUSINESS Signature Requested)
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TITLE	Date
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<p><b>INTERVIEW INFORMATION</b></p> <p>If a fact-finding interview is necessary, you will be scheduled for an interview by telephone unless it is impractical to do so.</p> <p><b>NAME OF PERSON</b> who will participate in a fact-finding interview for this employer.</p> <p><b>PRINT LEGIBLY</b></p> <p><b>Name</b> _____</p> <p><b>Title</b> _____</p> <p><b>Telephone number for fact-finding interview (include area code)</b> _____</p> <p>SUPPORTING DOCUMENTS may be submitted with this form for consideration at the telephone fact-finding.</p>
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<p>FOR DEPARTMENT USE ONLY: O.C. _____ L.O.# _____</p>
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IOWA WORKFORCE DEVELOPMENT  
P.O. Box 10331  
Des Moines, Iowa 50306

INSTRUCTIONS  
TO EMPLOYER

Whenever a worker leaves or refuses your employment for any reason that you believe disqualifies the individual from receiving unemployment insurance benefits, you should notify IOWA WORKFORCE DEVELOPMENT by completing this Notice of Separation form, 60-0154.

**THE ORIGINAL COPY** of this form must be postmarked or received by Iowa Workforce Development within ten days of the date of the worker's separation. You may keep a duplicate copy of the form for your file.

**DO NOT use this form if the worker was laid off for lack of work**, regardless of whether the work was permanent or temporary.

**IF A WORKER FILES** an unemployment insurance claim, you will receive notice of that filing by a Notice of Claim or through the scheduling of a fact-finding interview with you and the claimant.

**IF A CLAIM FOR UNEMPLOYMENT INSURANCE IS FILED**, IOWA WORKFORCE DEVELOPMENT will schedule a fact-finding interview and take the statements from both the worker and the employer. A decision will then be made regarding the worker's eligibility for unemployment insurance benefits.