



UNEMPLOYMENT INSURANCE SEPARATION NOTICE

AGENCY NAME: CNM LOCATION: 525 Buena Vista Dr., SE Albuquerque, NM 87106

EMPLOYEE NAME:

EMPLOYEE SS #:

DATES OF EMPLOYMENT: Start: Last: Previous dates of employment:

REASON FOR TERMINATION:

- VOLUNTARY QUIT DISCHARGED LACK OF WORK PERMANENT TEMPORARY

WHAT WAS THE FINAL CIRCUMSTANCE LEADING TO SEPARATION?

PREVIOUS WARNINGS: VERBAL Dates: WRITTEN Dates:

AGENCY REPRESENTATIVE NAME TITLE

10/11/00

PHONE NUMBER

DATE

This form should be completed immediately at separation time and mailed or faxed to:

EMPLOYERS UNITY, INC.

P.O. Box 782

Westminster, CO 80030

Phone: 1-800-950-7004

Fax: 1-303-423-4374

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