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# CLAIMANT'S SEPARATION STATEMENT

K-BEN 3110 Web (Rev. 7-12)

MAIL:	Unemployment Contact Center P.O. Box 3539 Topeka, KS 66601-3539
FAX:	(785) 296-3249
EMAIL:	KDOLforms@dol.ks.gov

– SEE INSTRUCTIONS ON PAGE 2 –

Claimant Name: _____	SSN: _____
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The information you provide will be used to determine if you are qualified to receive benefits. **Failure to provide ALL of the requested information on this form at least three (3) days before your scheduled call may result in a DENIAL OF BENEFITS.**

Email: \_\_\_\_\_

Most recent employer: \_\_\_\_\_

Employer phone: \_\_\_\_\_ Employer email: \_\_\_\_\_

Position/job title: \_\_\_\_\_

Date began work (mm/dd/yyyy): \_\_\_\_\_ Last day worked (mm/dd/yyyy): \_\_\_\_\_

Reason for separation:     Discharged     Quit     Leave of Absence     Labor Dispute     Laid Off/Lack of Work

If leave of absence: Date began (mm/dd/yyyy): \_\_\_\_\_ Date returned to work (mm/dd/yyyy): \_\_\_\_\_

Explain in detail the final incident/event that caused you to be discharged or, if you quit, the final incident/event that caused you to quit your job. If more space is needed, attach additional sheets and any supporting documents.

**CERTIFICATION:** By signing or submitting this electronically, I certify that the information I have provided is complete, correct and true to the best of my knowledge and belief. I acknowledge that I have read the instructions provided on the back of this form.

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

## SUBMIT

KANSAS UNEMPLOYMENT CONTACT CENTER

Kansas City Area (913) 596-3500 • Topeka Area (785) 575-1460 • Wichita Area (316) 383-9947 • All Other Areas (800) 292-6333

**Claimant's Separation Statement**

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**INSTRUCTIONS:**

Information regarding your separation is required before a decision can be made regarding your receipt of unemployment benefits. **TWO THINGS MUST HAPPEN** before a decision can be made:

1. This completed form and supporting documents must be received by the Kansas Unemployment Contact Center **at least three (3) days before your scheduled call**. Return as directed above. **DO NOT SEND THIS FORM BACK TO THE ADDRESS ON THE ENVELOPE.**
2. **You must be available for your scheduled call.** If you do not answer your phone when called, a determination will be made with the information already gathered. Do not call back if you were not available when called. Once a determination is reached, you will receive it by mail. Appeal procedures will be provided with any determination issued.

If your main contact number is a cell phone, please provide an alternate number. If you do not have a signal or your phone is not working properly, you will not receive a second call.

**Failure to meet the above requirements may result in a DENIAL OF BENEFITS.**

If you were **DISCHARGED FROM YOUR JOB**, include the following information in your statement:

- Date told you were discharged. Reason given for discharge.
- Name and title of person who discharged you.
- Explain fully the final incident/event that caused you to be discharged.
- If you had been previously warned, give dates and reasons for warnings and whether they were written or verbal. If the employer gave you written notice that further absences or tardiness would result in discharge, indicate and provide the dates.
- If warned, indicate any action(s) you took to correct the situation.
- If you were discharged because you violated a company policy, explain the policy you violated.
- If you were discharged for being absent and/or tardy for work, provide the dates and reasons for the absences and/or tardiness. **IMPORTANT:** If any of your absences were due to health-related reasons, you will need to submit written documentation from your health care provider that your absences were necessary. These documents must be submitted to the Contact Center **at least three (3) days before your scheduled call**.

If you **QUIT YOUR JOB**, include the following information in your statement:

- Explain in detail the final incident/event that caused you to quit your job.
- If you gave advance notice of your intention to quit, provide name and title of person you notified.
- Explain any efforts you made to resolve the problem before you quit. (For example: Did you ask for a transfer, leave of absence, file a grievance or talk to a supervisor?)
- If you quit for medical or health reasons, are currently under a health care provider's care or recently released from the care of a health care provider, documentation must be submitted to the Contact Center **at least three (3) days before your scheduled call**. Be sure to include in your separation statement whether you were under the care of a health care provider at the time you quit your job and whether you were advised to quit your job by your health care provider.
- If you quit because of the working conditions, explain in detail the conditions that caused you to quit.

**Begin and continue to file your weekly claims each week while waiting for a decision on your claim.  
Keep a copy of this form for your records.**