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CLAIMANT'S SEPARATION STATEMENT

K-BEN 3110 Web (Rev. 4-16)

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

*See important email notice on website.

– 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, possible overpayment and collection of benefits previously received.**

Your mailing address: _____

Last employer you physically worked for when claim was filed: _____

Employer phone: () _____ Employer mailing address: _____

Your position/job title: _____

Date began work (mm/dd/yyyy): _____ Last physical 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 led to your separation. If more space is needed, attach additional sheets and any supporting documents. (See reverse side for details.)

CERTIFICATION: I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: _____ Phone: () _____ Date: _____

Submit

Claimant's Separation Statement

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INSTRUCTIONS:

*See important email notice on website.

Information regarding your separation is required before a decision can be made regarding your receipt of unemployment benefits.

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. 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 be available for your scheduled call may result in a denial of benefits, possible overpayment and collection of benefits previously received.

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

- Reason given for discharge.
- Name and title of person who discharged you.
- Explain fully the final incident/event that caused you to be discharged and on what date this occurred.
- If you had been previously warned, give dates and reasons for warnings and whether they were written or verbal.
- If warned, list the steps 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 attendance, provide the dates and reasons for your absences and/or tardies.

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 and on what date.
- 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 the care or recently released from 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 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.

Appeal procedures will be provided with any determination issued.

**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.**