

# REQUEST FOR SEPARATION INFORMATION FORM BC-28

NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT DIVISION OF UNEMPLOYMENT AND DISABILITY INSURANCE	1. SOCIAL SECURITY NO.	2. PROG.	3. DATE OF CLAIM	4. FRD
	[REDACTED]	40	10/25/09	11/11
	5. CLAIMANT'S NAME		6. DATE OF MAILING	7. L.O. NO
	MICHAEL P. SORRENTINO		10/27/09	952
8. EMPLOYER ID NO.: 0000000000-000-00		9. CLAIMANT'S WORK NAME (IF DIFFERENT)		
STRAUB MANAGEMENT CORPORATION GENA VACHA DELRAY BEACH FL 33444 32 E ATLANTIC AVE 33444		10. CLAIMANT'S OCCUPATION		11. LAST DAY WORKED
		WAITER		7/03/09
		12. CITY OF EMPLOYMENT		13. CLOCK/BADGE
IF YOU MUST COMPLETE THIS REQUEST AND FAIL TO RESPOND, THE CLAIM WILL BE PROCESSED ON THE BASIS OF AVAILABLE INFORMATION.				

## IMPORTANT NOTICE TO EMPLOYER

The above named claimant has filed a claim for unemployment benefits under the New Jersey Unemployment Compensation Law and has indicated that you were his/her former employer. You must complete and return only if the claimant:

- \* Was separated for other than lack of work. (Item A & B)
- \* Received payment for a period after the last day of work. (Item D)
- \* Is receiving a company pension. (Item C)
- \* Has a definite date of recall. (Item E)

If any of the above apply, complete the items below and return to the address shown within ten calendar days from the date of mailing shown in Item 6 above.

- A. The reason for separation is \_\_\_\_\_
- Dates of last employment: From \_\_\_\_\_ To \_\_\_\_\_
- Date of discharge if different from last day of work \_\_\_\_\_
- B. What was the number of weeks worked? \_\_\_\_\_
- What were the claimant's gross earnings for the period listed in A. above? \$ \_\_\_\_\_
- C. Is the claimant receiving a company pension? Yes \_\_\_\_\_ No \_\_\_\_\_ Did claimant contribute? Yes \_\_\_\_\_ No \_\_\_\_\_
- Monthly Amount of Pension? \$ \_\_\_\_\_ If Lump Sum payment issued, please enter total amount \$ \_\_\_\_\_
- D. Was the claimant paid for a period after his/her last day work? Yes \_\_\_\_\_ No \_\_\_\_\_
- ( ) Vacation Pay: From \_\_\_\_\_ To \_\_\_\_\_ Amount \_\_\_\_\_
- ( ) Severance Pay: From \_\_\_\_\_ To \_\_\_\_\_ Amount \_\_\_\_\_
- ( ) Lieu of Notice: From \_\_\_\_\_ To \_\_\_\_\_ Amount \_\_\_\_\_
- Was payment part of a union agreement? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. This separation is \_\_\_\_\_ permanent \_\_\_\_\_ temporary. Will recall on or about \_\_\_\_\_
- F. If not entered in A. above, enter claimant's last day of work \_\_\_\_\_
- G. If the claimant was separated for reasons other than lack of work, would you like the assistance of the New Jersey State Employment Service in finding a replacement? Yes \_\_\_\_\_ No \_\_\_\_\_

## RETURN THIS FORM TO:

STATE OF NEW JERSEY  
LOCAL UNEMPLOYMENT  
INSURANCE CLAIMS OFFICE  
PO BOX 2628  
NEW BRUNSWICK NJ 089032628

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME

POSITION

EMPLOYER IDENTIFICATION NO. IF DIFFERENT FROM ITEM 13

TELEPHONE

DATE