

GEORGIA DEPARTMENT OF LABOR - MASS SEPARATION NOTICE

148 Andrew Young International Blvd., N.E., Suite 700
Atlanta, GA 30303-1751

Email: Mass_Separations@gdol.ga.gov Fax (404) 232-3199

Employer _____ Account Number _____

Street Address _____ City _____

State _____ Zip _____ Telephone _____

INSTRUCTIONS

When 25 or more employees in one establishment are separated on the **same day, for the same reason**, and the separation is permanent, for an indefinite period or for an expected period of seven days or more, complete this form, and the Mass Separation List of Workers (DOL-402A). A separate list should be completed for each set of employees who are separated on different days or for different reasons.

Submit this form and the list of workers to the department within 48 hours after the date of separation. This will ensure that claims are handled efficiently and could eliminate requests to you for information on an individual basis. (See attached instructions).

1. What is the reason for the mass separation (check one):

Totally separated because of lack of work without a definite date to return to work.

Separated because of lack of work with a definite date to return to work.

Separated due to a natural disaster (Ex. hurricane, tornado, flood)?

i. Date(s) of the disaster affecting your business: _____

Separated as a result of a vacation period or planned shutdown, due to an established employer custom, practice, or policy as evidenced by the previous year or years?

i. Was an announcement made at least 30 days prior to the scheduled period?

Yes No

ii. Is there a paid vacation plan applicable to the employees who meet the eligibility requirements of the plan? Yes No

a. If yes, have ALL these employees met the eligibility requirement?

Yes No

Other reason (leave of absence with or without pay, furlough, etc.

Specify/Explain: _____

2. What is the last day worked? _____

3. What is the expected return to work date? _____

4. Does your company provide services to, for, with or on behalf of a school or educational institution (this includes public and private schools or educational institutions and pre-K providers)?

Yes No

i. If yes, are ALL these employees not working due to a lack of work because of a school closure, (e.g. Summer break, customary school vacation period or holiday recess)?

Yes No

5. Did any workers retire? Yes No

i. If yes, was any deduction made from the employees paycheck or retirement? Yes No

a. If yes, what percentage of the entire retirement amount per pay period was paid by the employer? (Ex. Employer paid 2% of salary into retirement fund; worker paid 2% into retirement fund, thus each person paid 50%). _____%

6. Address of work location:

7. I certify that the information above and on all attached pages are true and correct.

Printed Name: _____ Signature: _____

Title: _____ Contact Number: _____

Email: _____