

Employee Separation Form

Complete this form if this employee no longer works for your business and we have not sent you a *Release of Garnishment letter*.

Employee Name: _____

Employer Name: _____

Employer Unemployment Insurance Account number: _____

Garnishment ID: _____

Employee's last day of work: _____

Do you expect this employee to return to work for you? ____ Yes ____ No

If yes, when? _____

Person completing this form:

Name: _____

Title: _____

Phone number: (____) _____

Company name: _____

Date: _____

I have answered all questions fully and truthfully to the best of my knowledge.

Signature: _____

Date: _____

Fax or mail this completed form to:

Minnesota Unemployment Insurance
Compliance Unit - Garnishments
PO Box 4629
St Paul, MN 55101-4629
FAX: 651-205-4007