



NOTICE OF POTENTIAL AVAILABILITY OF UNEMPLOYMENT INSURANCE BENEFITS

ATTENTION EMPLOYER: You are legally required to provide this form, in hard copy and electronic format, to an employee upon separation. Please complete the form below, using information that matches your employee payroll records.

ATTENTION EMPLOYEE: Below is information from your previous employer at the time of separation from employment. If you received \$2,500 or more in payroll wages from any employer where taxes were withheld in the last 18 months, you may be eligible to file a claim for unemployment benefits. Before you file a claim, gather your income and related information, such as pay stubs and this form. You can file a claim by visiting the website at <https://cdle.colorado.gov/unemployment> or by calling the Unemployment Insurance Division at 303-318-9000 (Denver Metro) or 1-800-388-5515 (toll free).

Employee Name:	Employee SSN (last four digits only)/ or Individual Taxpayer Identification Number (ITIN):
Employee Address:	
Employee Start Date of Employment:	Employee Last Date Worked:
Employee Year-to-Date Earnings:	Earnings for the Last Week Worked:
Employer Legal Business Name:	Federal Employer Identification Number (FEIN):
Employer Trade Name/Doing Business As Name (if applicable):	Employer Address:
Reason the employee separated from employment (Please select only one option and limit free-form responses to one sentence. If an unemployment claim is filed, the Division will reach out to both parties for additional information about the separation):	
<input type="checkbox"/> Quit Employee's reason for quit: _____	
<input type="checkbox"/> Layoff	
<input type="checkbox"/> Discharge Reason for discharge: _____	
<input type="checkbox"/> Other: _____	