Oklahoma Employment Security Commission Employer Response Statement

Claimant Information	on				
Claimant Name:	Claimant ID:		int ID:	SSN (Last 4 Digits):	
Employer Informat	ion				
Employer Name:				Acct #:	
Mailing Address:					
	(Include street address, city, state and ZIP code)				
Phone #:	FAX #:				
Contact Name:	Contact Email:				
Separation Informa	ition				
Reason or Excepti	on: Voluntary quit	Individual	never worked he	re Other (explain below)	
	Discharge	Employee still employed full-time		ll-time	
	Lack of work	Reduced hours to less than full-time		full-time	
First Day Worked (MM/DD/YYYY):		Date of Separation (MM/DD/YYYY):			
Separation Income					
Severance Pay:	Gross Payment	F	Required due to I	aw or contract? Yes No	
•				Other	
Retirement Pay:	Gross Payment		Did employer cor	tribute or maintain plan? Yes No	
Frequency:	Weekly Bi-weekly				
				salary or hourly payments (e.g., pay in lieu	
of notice, bonus p	ay), please provide paymei	nt type, amou	int, date paid and	d reason for payment below.	
Separation Details					
•	ditional information you fo	nal is nasassa	ry corresponding	g to the reason for the employee's	
· · · · · · · · · · · · · · · · · · ·				to you as well as any related information. If	
			• •	, as well as any warnings or justifications.	

OES-617P (pub. 10-2022)

^{*}If additional space is needed to provide necessary information, please use the space available on page 2.

Claimant Name:	Claimant ID:
Employer Name:	Employer Account #:
Separation Details – Continued	
Notice to Employer: Attach any documentation (such as copies adjudication process. Remember, to be considered an intereste	
protest benefits in accordance with Section 2-503 of the Oklah	oma Employment Security Act.
Untimely Response	
Submitting an untimely response to separations may cause yo adjudication of this claim, unless good cause can be shown. If the	
you believe there is good cause, please provide your justificati	