



State of Georgia  
Department of Labor

Clear Form

### SEPARATION NOTICE

Employee's Name Amanda Timpson

1. SSN [REDACTED]

a. State any other name(s) under which employee worked. \_\_\_\_\_

2. Period of Last Employment: From 12/26/2018 To 01/14/2022

3. REASON FOR SEPARATION:

a. LACK OF WORK

b. If for other than lack of work, state fully and clearly the circumstances of the separation: Employee Discharge

4. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)  
(DO NOT include vacation pay or earned wages)

\_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_  
(type of payment)

Date above payment(s) was/will be issued to employee \_\_\_\_\_

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

\_\_\_\_\_ per month \_\_\_\_\_ of contributions paid by employer

5. Did this employee earn at least \$7,300.00 in your employ? YES  NO  If No, how much? \$ \_\_\_\_\_  
Average Weekly Wage \_\_\_\_\_

Employer: FULTON COUNTY GOVERNMENT  
141 PRYOR STREET, SUITE 3030  
ATLANTA, GEORGIA 30303  
EMPLOYER EIN: 58-6001729

For Unemployment Claims:

Name: CORPORATE COST CONTROL  
P.O. BOX 1180  
LONDONDERRY, NH 03053  
Tel. No.: 614-300-6350 ext. 463 Fax No.: 614-300-6351

Attention: Greg Montjoy  
Email: gmontjoy@corporatecostcontrol.com

#### NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.

Ga. D. O. L. Account Number 120068-02

This is the number assigned to the employer by Georgia Department of Labor.

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Signature of Official, Employee of the Employer  
or authorized agent for the employer

Deputy of Operations

Title of Person Signing

01/31/2022

Date Completed and Released to Employee

#### NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.