



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name LoriAnn Trammell 2. SSN [REDACTED]

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

3. Period of Last Employment: From March 9, 2015 To July 9, 2018

4. REASON FOR SEPARATION:

a. LACK OF WORK

b. If for other than lack of work, state fully and clearly the circumstances of the separation: Clerk was terminated due to insubordination and failure to adhere to instructions directed by the city council

5. 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

6. Did this employee earn at least \$3,500.00 in your employ? YES NO If NO, how much? \$ _____
Average Weekly Wage [REDACTED]

Employer's Name City of Adrian

Address 205 W. main St.
(Street or RFD)

City Adrian, State Ga 31002
ZIP Code

Employer's Telephone No. (478) 668-3376
(Area Code) (Number)

Ga. D. O. L. Account Number [REDACTED]
(Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)

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

Mayor - City of Adrian
Title of Person Signing

07/12/2018
Date Completed and Released to Employee

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.

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 CAREER CENTER IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

Send Result Report



MFP



Firmware Version 2NM_2000.002.304 2015.03.05

07/20/2018 10:35
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Complete

Document: doc02170120180720103115

CITY OF ADRIAN

140268-04

CENTRAL EXAMINING UNIT

404-658-2482 or 2304 (Fax)

LORIANN TRAMMELL



REPLY BEFORE

07/23/18

EMPLOYER'S INFORMATION ON DISCHARGE FOR FAILURE TO OBEY ORDERS, RULES OR INSTRUCTIONS OR FAILURE TO PERFORM THE DUTIES FOR WHICH HIRED.

1. What date was the employee advised he/she was discharged? July 9, 2018
2. What was the reason this person was discharged on this particular day? Give full details.
She was terminated due to insubordination and failure to adhere to instructions directed by the City Council
3. Who told this employee that he/she was discharged? (Name/Title) Kim Adams - Mayor
4. Explain in detail the effect the employee's actions had on your business? Constant insubordination that caused the citizens to question a government entity increased the chances of chaos in a community



No.	Date and Time	Destination	Times	Type	Result	Resolution/ECH
001	07/20/18 10:32	14046562304	0'02'32"	FAX	OK	200x100 Normal/On

GEORGIA DEPARTMENT OF LABOR
P.O. BOX 740052 ATLANTA, GA 30374
404-232-3100 (Phone) / 404-656-2482 or 2304 (Fax)

MAILED 07/11/18
4400

LORIANN TRAMMELL

REPLY BEFORE 07/23/18



CITY OF ADRIAN

GA DOL ACCT NO. 140268-04

205 WEST MAIN STREET
ADRIAN, GA 31002

FAX OR MAIL YOUR REPLY - NOT BOTH
(see instructions below)



NOTICE OF CLAIM FILING AND REQUEST FOR SEPARATION INFORMATION

Your former employee has filed a claim for unemployment insurance.

Information is needed to determine the claimant's eligibility for benefits under the Georgia Employment Security Law. Please complete, in detail, the attached questionnaire, date and sign in the spaces provided and submit **BEFORE 07/23/18**. Answering each question carefully and thoroughly may help you avoid a call for clarification of your answer. You **MAY** be contacted by phone, but **ONLY** if additional information is needed to make a determination of eligibility for benefits.

FAX INSTRUCTIONS

If you fax your response, please:

- do not send a fax transmittal sheet.
- do not fax this information letter if you use the attached questionnaire.
- **DO NOT** mail your response.

GENERAL INFORMATION

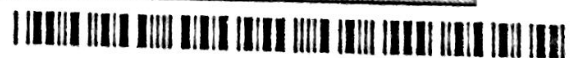
If a timely response is received, and there is a disqualification placed on this claim, there will be no charges to your unemployment insurance tax account.

If the enclosed questionnaire is not applicable to the reason for separation, or if you need to furnish additional facts, attach separate sheets of paper. It will be necessary to include the employee's name and social security number on each sheet.

OCGA Section 34-8-256 of the Employment Security Law provides penalties for making false statements or failing to disclose material facts concerning unemployment insurance claims.

Employers that fail to respond to written requests for information from the Georgia Department of Labor (GDOL) with adequate information and/or by the specified deadline, on at least three separate occasions within the current calendar year, without substantial good cause, will be charged for benefits paid on subsequent claims regardless of whether the GDOL's benefits determination is later reversed on appeal or if an overpayment of benefits is established.

Are you interested in protecting your bottom line? Improve your UI separation information exchange process by participating in SIDES E-Response, a free web-based system to electronically receive and respond to requests for separation information. Go to www.dol.state.ga.us/spotlight, select Employer Separation E-Response under Employer Spotlights to register today.



EMPLOYER'S INFORMATION ON DISCHARGE FOR FAILURE TO OBEY ORDERS, RULES OR INSTRUCTIONS OR FAILURE TO PERFORM THE DUTIES FOR WHICH HIRED.



1. What date was the employee advised he/she was discharged? July 9, 2018

2. What was the reason this person was discharged on this particular day? Give full details. She was terminated due to insubordination and failure to adhere to instructions directed by the city council

3. Who told this employee that he/she was discharged? (Name/Title) Kim Adams - Mayor

4. Explain in detail the effect the employee's actions had on your business? Constant insubordination not caused the citizens to question a government entity increases the chances of chaos in any business

5. Explain the policy, order, rule or instruction this employee failed to follow. Failure to take direction from anyone in a leadership position at the City of Adrian

a. What date(s) did the violation described above occur? May 22, 2018

b. When was this employee advised of the rule or policy? Upon being hired

c. How would this employee have known about the rule or policy prior to violation? All clerks hired are aware to take direction from City officials, unless directed to perform a task that is illegal, immoral or unsafe

6. Give exact dates and details about any warnings given to the employee. If employee was advised he/she was in danger of losing his/her job, explain who told him/her, whether the warning was written or verbal and the nature of the warning. On 5/22/18 employee was reprimanded for insubordination. She was advised she would be subject to immediate dismissal if attitude continued. Mayor Kim Adams and Council member, Zelda Sumner presented her with a written warning.





7. If the discharge did not occur within a reasonable time from the date of the incident, what was the reason for the delay? The council only meets once a month and it had to be voted upon by members.



PLEASE PROVIDE THE FOLLOWING INFORMATION:

If employee was/will be/is being paid any type of payment (severance, separation, wages in lieu of notice, bonus, profit sharing, etc.) furnish the type, amount, period covered and date issued. DO NOT INCLUDE VACATION PAY.

Type _____ Amount _____

Period - from _____ to _____

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

Dates of employment: Hired March 9, 2015 Last worked July 9, 2018

Average weekly wage amount (before taxes and not including overtime) [Redacted]

Did this employee earn at least \$3,300 in your employ? Y N

If not, give amount of gross earnings _____

Federal ID Number [Redacted]

Our records indicate your Georgia unemployment tax account number is 140268-04.

If this is not your account number, please furnish the correct number _____

~~Additional information may be furnished. If you attach separate sheets of paper, please include the employee's name and Social Security number on each sheet.~~

07/19/18 [Signature] Mayor
Date Signature Title

(478) 668-3376
Telephone Number

