



## Employment Termination/Discrimination

### 1. General Information:

Attorney Name: \_\_\_\_\_ P [ ] D [ ]

Name of opposing counsel: \_\_\_\_\_

Case title and court jurisdiction: \_\_\_\_\_

Trial Date: \_\_\_\_\_

### 2. Plaintiff Information:

Plaintiff Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender and ethnic origin: \_\_\_\_\_

Level of education: \_\_\_\_\_

### 3. Work History at Terminated Job

Company name: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Date of termination: \_\_\_\_\_

Union job: Yes [ ] No [ ]

Union and Local No.: \_\_\_\_\_

### 4. Earnings Information – Terminated Job

Job title: \_\_\_\_\_

Rate of pay on date of termination: \_\_\_\_\_

Is position hourly or salaried? \_\_\_\_\_

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Does income include:

Payment for overtime	Yes [ ]	No [ ]
Payment for bonuses	Yes [ ]	No [ ]
Other special payments	Yes [ ]	No [ ]

**5. Fringe benefits on terminated job:**

Medical Insurance	Yes [ ]	No [ ]	Pension	Yes [ ]	No [ ]
Dental Insurance	Yes [ ]	No [ ]	Stock Options	Yes [ ]	No [ ]
Vision Insurance	Yes [ ]	No [ ]	Profit Sharing	Yes [ ]	No [ ]
Tax-Deferred Savings	Yes [ ]	No [ ]			

Was plaintiff offered COBRA coverage following termination Yes [ ] No [ ]

**6. Payments received by plaintiff on or after termination:**

Severance	Yes [ ]	No [ ]	Amount	_____
Unused Vacation	Yes [ ]	No [ ]	Amount	_____
Lump-sum payments	Yes [ ]	No [ ]	Amount	_____

**7. Earnings Information – Current Employment (if employed):**

Current employer: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Job Title: \_\_\_\_\_

Entry Salary: \_\_\_\_\_

Current rate of pay: \_\_\_\_\_

**8. Fringe benefits on current job, if applicable:**

Medical Insurance	Yes [ ]	No [ ]	Pension	Yes [ ]	No [ ]
Dental Insurance	Yes [ ]	No [ ]	Stock Options	Yes [ ]	No [ ]
Vision Insurance	Yes [ ]	No [ ]	Profit Sharing	Yes [ ]	No [ ]
Tax-Deferred Savings	Yes [ ]	No [ ]			

**9. Any other employment between termination and current job:**

Employer: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Total earnings per year: \_\_\_\_\_

Fringe benefits: \_\_\_\_\_

If unemployed since termination, type of employment sought: \_\_\_\_\_

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**Please enclose copies of the following information:**

- The Complaint
- Documentation of (up to the) last five years of earnings such as W2 earnings statements, year-end pay stubs, or personnel records from terminated job
- Pay stubs or personnel records showing pay rates and the dates that pay rates changed
- Documents showing the value of employer contributions to fringe benefits, such as annual Benefits Statements or employee handbooks
- Documents showing the employee cost of fringe benefits, such as pay stubs and employee handbooks
- COBRA documents received following termination
- Documentation of any payments received as a result of termination, such as unused vacation and severance
- W2 earnings statements for post-termination employment
- Recent pay stub, if currently employed
- Fringe benefit information for jobs at post-termination employers

**For union membership:**

- Copies of union contracts showing wage schedules and fringe benefit contribution rates for the last five years of employment and any period since date of termination
- Hours worked records from union