

QUESTIONNAIRE FOR ECONOMIC ELEMENTS OF LOSS EMPLOYMENT TERMINATION

If possible, this form should be completed by the individual whose employment was terminated.

Please answer all appropriate questions. If you do not understand a question do not hesitate to contact Dr. Albrecht.

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A. General Information

1) Name of Terminated Individual: _____

Date of Birth: _____

Date of Termination: _____

Marital Status: S M W D

Gender: M F

Race: _____

Address: _____

2) Name of Individual Completing Questionnaire:

May Dr. Albrecht contact the plaintiff? Y N

If yes, provide appropriate phone number(s)

Home: _____ Work: _____

Cell: _____

3) Educational Attainment at the Time of Termination:

4) Training, Special Skills and/or Licenses at the Time of Termination:

5) Educational Expectations at the Time of Termination:

6) Educational Attainment since the Time of Termination:

B. Employment and Earnings

1) Employer when Terminated: _____

Date when Employment Began: _____

Nature of Work: _____

Method of Wages (Hourly or Salary): _____

Rate at Time of Termination: _____

Raises Received (Include Dates): _____

Was Overtime Work Common?: _____

Was Work Steady?: _____

2) Annual Wages and Salary Received:

<u>Year</u>	<u>Income</u>	<u>Portion of Year Employed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach earnings documentation (W-2s, tax forms, pay-stubs, etc.).

3) List Promotions (with dates):

4) Employer Provided Benefits:

Life Insurance: _____

Individual Health Insurance: _____

Family Health Insurance: _____

Retirement Plan: _____

Investment Plan: _____

Bonus: _____

Stock Options: _____

Other: _____

Please attach a copy of the I.R.A., 401K or Profit Sharing plan or attach a copy of the statement of benefits if available.

5) Out of the Ordinary Expenses Associated with Job:

6) Prior to Termination, What was the Planned Retirement Age? _____

7) Employment Expectations Prior to Termination: (promotions, new job, etc.):

If you have worked since the termination, complete parts 8-13. If not, go to section C.

8) Employer(s) since Termination: _____

Dates of Employment: _____

Nature of Work: _____

Method of Wages (Hourly or Salary): _____

Current Rate: _____

Raises Received (Include Dates): _____

Is Overtime Work Common?: _____

Is Work Steady?: _____

9) Annual Wages and Salary Received:

<u>Year</u>	<u>Income</u>	<u>Portion of Year Employed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach earnings documentation (W-2s, tax forms, pay-stubs, etc.).

10) List Promotions (with dates):

11) Employer Provided Benefits:

Life Insurance: _____

Individual Health Insurance: _____

Family Health Insurance: _____

Retirement Plan: _____

Investment Plan: _____

Bonus: _____

Stock Options: _____

Other: _____

Please attach a copy of the I.R.A., 401K or Profit Sharing plan or attach a copy of the statement of benefits if available.

12) Out of the Ordinary Expenses Associated with Job:

13) What is the currently planned retirement age? _____

C. Other

Please provide any information which has not been asked for but may have some bearing on past or future income or expenses.
