

## **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:

**Year      Income      Portion of Year Employed**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

3) List Promotions (with dates):

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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:

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

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

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**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):

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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:

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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.

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