



Rhode Island Department of Labor and Training
Unemployment Insurance - Central Adjudication Unit

P.O. Box 20067, Cranston, RI 02920

Fax: 401-462-8318



Voluntary Quit – SOLD BUSINESS AS OWNER

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: _____

Last 4 Digits of your Social Security #: _____ Date completing questionnaire: _____

Claimant Statement

1. What was your last physical date of work (mm/dd/yyyy)? _____

2. What was your date of separation (if different from your last day of work - mm/dd/yyyy)? _____

3. You indicated when you filed your claim that, as owner, you sold your business. Is this correct? YES NO
a. If no, why did you leave this job? Please be specific.

b. If yes, why did you sell your business? Please provide specific details.

i. To whom did you sell your business?

Name: _____

Address (street, city/town, state, zip):

ii. Could you have remained employed with the new owner? YES NO

1. If no, why not?

4. Please provide any additional information you feel is necessary:

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. YES NO

Signature: _____