



Rhode Island Department of Labor and Training
 Unemployment Insurance Division
 PO Box 20340
 Cranston, Rhode Island 02920-0943

RETURN TO WORK FORM
Keep This Form Until You Return to Work Full-Time

SSN: _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Were you able and available for work up to the date you returned to work? (If no, explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| 2. Did you look for work up to the date you returned to work? (If no, explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| 3. Did you refuse any work offered to you up to date you returned to work? (If yes, write Employer's name, type of job, reason and date) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| 4. Did you apply for, or receive a private pension up to the date you returned to work? (Not Unemployment Benefits) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| 5. Did you apply for, or receive any Workers' Compensation, TDI, sick pay, or any other disability payments? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to either of the last two questions, explain here:

I CERTIFY THAT ALL STATEMENTS MADE ON THE FRONT AND BACK OF THIS FORM ARE TRUE. I UNDERSTAND THAT A FALSE STATEMENT OR FAILURE TO DISCLOSE INFORMATION TO OBTAIN UNEMPLOYMENT INSURANCE IS A VIOLATION OF THE LAW AND COULD RESULT IN AN OVERPAYMENT OF BENEFITS.

 Customer Signature

 Date

Complete and Return this form ONLY when you return to work Full-Time.

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SSN: _____

Return to Work Date: _____

Employer Name: _____

Employer Address: _____

Employer Telephone: _____

COMPLETE THE FOLLOWING INFORMATION FOR THE WEEK IN WHICH YOU RETURN TO WORK.
Please use Sunday through Saturday dates. (It is not necessary to have your employer sign this form.)

Instructions: Please list the number of hours worked for each day of the week you worked during that week.
Gross wages (before deductions) should include overtime, tips and commissions.

DAY:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total Hours	Hourly Rate	Gross Wage
DATE:								Worked	\$	
# of Hours										

EXAMPLE

Return to Work Date: March 6, 2007

Employer Name: ABC Company

Employer Address: 1 Main Street, Anywhere, RI 02222

Employer Telephone: 401-888-8888

DAY:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total Hours	Hourly Rate	Gross Wage
DATE:	3/4/07	3/5/07	3/6/07	3/7/07	3/8/07	3/9/07	3/10/07	Worked	\$	
# of Hours	0	0	8	8	8	8	0	32	\$10.00/hr	\$320.00