



AVAILABILITY - LEAVE OF ABSENCE

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. Last day of work for this employer (mm/dd/yyyy)? _____
2. Date of separation from employer, if different from last day of work (mm/dd/yyyy): _____
3. Why are you on a leave of absence?
 Medical Pregnancy Family Responsibility Other
 a. If other, please give specific details:

4. Who approved your leave of absence?
 a. First Name: _____ b. Last Name: _____
 c. Title: _____

5. What was your last day of work (mm/dd/yyyy)? _____
6. When did your leave begin (mm/dd/yyyy)? _____
7. When does or did your leave end (mm/dd/yyyy)? _____

8. When do you expect to return to work (select one)? Date: _____ or I Don't Know

9. Are you being paid during this leave of absence YES NO
 a. If yes, enter the amount you are being paid and how often:

10. Enter any additional information you feel may be necessary:

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

Signature: _____