



Rhode Island Department of Labor and Training
Unemployment Insurance - Central Adjudication Unit
P.O. Box 20067, Cranston, RI 02920
Fax: 401-462-8318



REFUSAL OF WORK

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. Employer name who offered the job: _____

2. Employer Address (include street, city/town and zip)

3. Employer Telephone: _____

4. Type of Work Offered? _____

5. Date job was offered(mm/dd/yyyy): _____

6. Job Start Date Date (mm/dd/yyyy): _____ Unknown

7. How was the offer made? In Person By Phone By Mail By Email

8. Who made the offer of work? Name: _____

Title: _____

9. Was the rate of pay? \$ _____

10. How often would be you paid? Hourly Weekly Bi-Weekly Monthly

11. What was the work schedule offered? (example: M-F 9am-5pm, 1st shift, etc.) _____

12. Where was the job located (include street, city/town and zip)

13. How many miles (one way) was the job from your home?

Less than 10 miles 11-30 miles 30-50 miles More than 50 miles I don't know

14. How long was the job supposed to last? Temporary, Number of Weeks _____ More than 12 Weeks

15. When did you refuse the offer of work (mm/dd/yyyy): _____

16. Why did you refuse this offer of work? Be as specific as possible.



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17. Do you have any prior work experience or training for the kind of work offered? YES NO

18. What was your rate of pay for your prior job? \$ _____ per Hour per Week per year

19. List types of jobs you are seeking:

20. Select all the shifts you can work: 1st Shift (day) 2nd Shift (evening) 3rd Shift (overnight)

21. What is the lowest rate of pay you are willing to accept (Amount and Frequency)? \$ _____
 (example: \$15.00 per hour; \$30,000 per year, etc.)

22. 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: _____