



Voluntary Quit – COMPANY RELOCATION

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining the claimant's eligibility for Unemployment Insurance.

Claimant Name: _____ Last 4 Digits of Claimant's Social Security #: _____
 Employer Representative Name: _____ Telephone: _____
 Employer Representative Title: _____ Date completed Questionnaire: _____
 Are you authorized to provide a statement on behalf of the company? YES NO

Employer Statement

1. Claimant's last physical day of work (mm/dd/yyyy): _____
2. Date of separation (if different from last day - mm/dd/yyyy): _____
3. Did the claimant provide a notice of resignation to you? YES NO
 - a. If yes, whom did the claimant notify? Name: _____
 Title: _____
 - b. When was the notice given (mm/dd/yyyy)? _____
 - c. Did you allow the claimant to work out the notice? YES NO
 - i. If no, why not?

- ii. If no, did you pay the claimant for the remainder of the notice? YES NO
 If yes, please indicate the amount paid: \$ _____

4. What reason did the claimant give for leaving the job? Please be specific.

5. The claimant stated that the company relocated. Is this correct? YES NO
 - a. If yes, please provide former address of company where claimant worked (street, city/town, state, zip):

b. Address to where the company relocated (street, city/town, state, zip):

- c. Distance between the two job sites: _____
- d. Date that company relocated (mm/dd/yyyy): _____

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

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6. Did the company offer an increase in pay or a bonus as an incentive to work at the new location? YES NO
a. If yes, please details the incentive(s) offered.

- b. Did the claimant accept the offer? YES NO
i. If yes, what reason did he/she give for subsequently declining to go to the new job location?

7. 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: _____

DLT is an equal opportunity employer/program - auxiliary aids and services available upon request. TTY via RI Relay: 711