



Voluntary Quit – HEALTH/MEDICAL REASONS

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. Did you provide notice to your employer that you were leaving? YES NO

a. If no, why didn't you provide a notice?

b. If yes, whom did you notify? Name: _____

Title: _____

c. When did you provide the notice (mm/dd/yyyy)? _____

d. How much notice did you give your employer? _____

e. Did your employer allow you to work out your notice? YES NO

If no, what reason was given for not allowing you to work out your notice?

If you were not allowed to work out your notice, did your employer pay you for the remainder of your notice? YES NO

If yes, please indicate the amount of money paid to you for the remainder of your notice. \$ _____

4. Why did you leave this job? Please be specific.

5. Did you inform your employer that the reason stated in Answer #4 was the reason for leaving? YES NO

If no, what reason did you give your employer for leaving?

6. Is your health or medical issue(s) temporary or permanent? TEMPORARY PERMANENT

7. Is this a work related injury or illness? YES NO

a. If yes, did you file for workers' compensation? YES NO

i. If yes, please give the start and end date of your workers' compensation benefits or, if you are still receiving workers' compensation, please indicate "still receiving".

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____ Still Receiving

8. Was a leave of absence available? YES NO

a. If no, why wasn't a leave available?

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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b. If yes, a leave was available, did you ask for this leave of absence? YES NO

i. If no, why didn't you ask for a leave?

ii. If yes, you asked for a leave, did you take the leave of absence? YES NO

If no, why didn't you take the leave of absence?

If yes, you did take the leave of absence, then:

a. When did the leave of absence begin(mm/dd/yyyy): _____

b. When did it end or when is it scheduled to end(mm/dd/yyyy): _____

c. Was/is an extension of the leave of absence available? YES NO

i. If yes, did you request and take extension of the leave? YES NO

If no, why didn't you request or take the extension?

If yes, you requested and took the extension:

a. When did the extension begin (mm/dd/yyyy): _____

b. When did the extension end or when is it scheduled to end(mm/dd/yyyy): _____

9. Were you advised by your doctor to leave this position? YES NO

a. If yes, why did your doctor advise you to leave your job?

* If you were advised to leave your job by your physician, please provide a letter from your physician indicating that he/she required you to leave your position and the reason for this. Please fax this letter within 72 hours to 401-462-8318. Put your name and last four digits of your social security number on the correspondence.

b. If yes, did you provide a letter to your employer from your doctor? YES NO

10. Are you currently able to work full time? YES NO

If no, please explain why you cannot work full time:

11. 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: _____