



Voluntary Quit – HEALTH/MEDICAL REASONS

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, who 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. Was a leave of absence available for the claimant? YES NO

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

b. If yes, did the claimant take a leave of absence? YES NO

i. If yes, please give the start and end date of the original leave period.

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

ii. If yes, was an extension of that leave available? YES NO

- If yes, did the claimant request the extension? YES NO

If an extension was granted, please give the start and end date of the extended leave period.

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

6. Did the claimant’s doctor advise him/her to leave the job? YES NO

a. If yes, did the claimant provide you with a letter from his/her doctor? YES NO

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: _____