



Voluntary Quit – INCARCERATION

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. When were you incarcerated (mm/dd/yyyy)? _____
7. Are you currently still incarcerated? YES NO
8. When were you released from incarceration or when are you scheduled to be released (mm/dd/yyyy)? _____
9. Are you currently under home confinement or a work release program? YES NO
 - a. If yes, please specify: HOME CONFINEMENT WORK RELEASE
 - If you are under home confinement, are you able to work? YES NO

Rhode Island Department of Labor and Training
Unemployment Insurance - Central Adjudication Unit

P.O. Box 20067, Cranston, RI 02920

Fax: 401-462-8318

Voluntary Quit – INCARCERATION

Claimant Name: _____

Last 4 Digits of your Social Security #: _____ Date completing questionnaire: _____

10. Was a leave of absence from your employer available while you were incarcerated? YES NO

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

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

ii. 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): _____

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: _____