



**Voluntary Quit – REDUCED WORK HOURS**

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. How many hours did the claimant normally work before his/her hours were reduced? \_\_\_\_\_
6. By how many hours was the claimant’s work week reduced? \_\_\_\_\_
7. How many hours was the claimant scheduled to work after you reduced the work hours? \_\_\_\_\_
8. Why were the claimant’s hour reduced?

9. Did you notify the claimant at the time of hire that his/her hours could be reduced?  YES  NO
10. When did you notify the claimant of the change in the hours (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

**Voluntary Quit – REDUCED WORK HOURS**

Claimant Name: \_\_\_\_\_ Last 4 Digits of Claimant's Social Security #: \_\_\_\_\_  
Employer Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

11. When did the change in the hours take effect or when was it scheduled to take effect (mm/dd/yyyy)? \_\_\_\_\_

12. Was the reduction in hours temporary or permanent?       TEMPORARY       PERMANENT

a. If temporary, when would the claimant have resumed his/her normal schedule?

Date (mm/dd/yyyy): \_\_\_\_\_  Unknown

13. Did the claimant address the situation with you before leaving?       YES  NO

a. If yes, what was your response to the issue(s) addressed?

14. 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: \_\_\_\_\_