



Voluntary Quit – REDUCED WORK HOURS

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?

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. How many hours did you normally work before your hours were reduced? _____

7. By how many hours was your work week reduced? _____

8. How many hours were you scheduled to work after your work hours were reduced? _____

9. Do you know why your hours were reduced? YES NO

a. If yes, please explain:

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 your Social Security #: _____ Date completing questionnaire: _____

10. Did the employer tell you that your hours could be reduced when you were hired? YES NO

11. When were you notified of the change in hours (mm/dd/yyyy)? _____

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

13. Did you address the issue(s) with your employer prior to leaving the job? YES NO — a. If no, why not?

b. If yes, what was your employer's response to the issue(s) you addressed?

i. Did this resolve the issue(s)? YES NO — If no, why didn't this resolve the issue?

- If yes, the issue was resolved, why did you still leave?

14. Are you the member of a union? YES NO

a. If yes, did you address the issue(s) with your union? YES NO

i. If yes, what was your union's response or actions?

ii. If no, why didn't you address this with your union?

15. 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: _____