



VOLUNTARY QUIT - TRANSPORTATION ISSUES

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. Name and Title of Employer Contact: Name: _____

Title: _____

2. Claimant's last physical day of work (mm/dd/yyyy): _____

3. Date of separation (if different from last day - mm/dd/yyyy): _____

4. Did the claimant provide a notice of resignation to you? YES NO

a. If yes, whom 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: \$ _____

5. What reason did the claimant give for leaving the job? Please be specific.

6. The claimant indicated he/she left due to transportation issues. Was a change in hours or shift available to the claimant? YES NO

a. If yes, did the claimant request a change in hours or shift? YES NO

7. Did the company have another location that was closer to the claimant's home? YES NO

a. If yes, would a position have been available for the claimant at that location? YES NO UNKNOWN

i. If a position would have been available, did the claimant request to transfer to the closer location? YES NO

1. If yes, what was the company's response?

8. Provide any additional information that 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: _____