



REFUSAL OF WORK

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. What type of work was offered: _____
2. Date job was offered: mm/dd/yyyy: _____ Not Officially Offered
3. When was the job scheduled to start? mm/dd/yyyy: _____ Unknown/Open
4. How was the offer made? In Person By Phone By Mail By Email
5. Who made the offer of work? Name: _____
 Title: _____
6. What was the offered rate of pay (amount and frequency): \$ _____
7. What were the hours (or shift) and the days of work offered? _____
8. Where was the job located (include street, city/town and zip)

9. How long was the job supposed to last? Temporary, Number of Weeks _____ More than 12 Weeks
10. Why did the claimant refuse the job offer?

11. Does the claimant have prior work experience or training for the type of work offered? YES NO

12. Enter any additional information you feel may be necessary:

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. YES NO

Signature: _____