



**Voluntary Quit – CARE FOR ILL/DISABLED FAMILY MEMBER**

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. Was a leave of absence available for the claimant?  YES  NO, a. If no, why wasn't a leave available?

b. If yes, did the claimant take a leave of absence?  YES  NO

i. If yes, please give the start and end date of the original leave period.

Start date (mm/dd/yyyy): \_\_\_\_\_ End date (mm/dd/yyyy): \_\_\_\_\_

ii. If yes, was an extension of that leave available?  YES  NO

1. If yes, did the claimant request the extension?  YES  NO

a. If an extension was granted, please give the start and end date of the extended leave period.

Start date (mm/dd/yyyy): \_\_\_\_\_ End date (mm/dd/yyyy): \_\_\_\_\_

6. 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: \_\_\_\_\_