



**Voluntary Quit – NOT PAID CORRECT AMOUNT**

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. What rate of pay and pay frequency were agreed upon when the claimant was hired?

6. Were these payment terms met by you?  YES  NO  
 IF NO: a. Why didn't you meet the agreed upon terms of pay?

Rhode Island Department of Labor and Training  
**Unemployment Insurance - Central Adjudication Unit**  
P.O. Box 20067, Cranston, RI 02920  
Fax: 401-462-8318

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Employer Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

b. When didn't you meet the terms of pay? Provide details for each instance when the claimant was not compensated as agreed upon when hired.

c. Was the claimant's pay made whole after he/she had not been paid correctly?  YES  NO  
i. If yes, please indicate each instance when he/she was paid the monies owed.

ii. If no, why wasn't the claimant made whole for the monies owed?

9. 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: \_\_\_\_\_