



State of Utah  
Department of Workforce Services  
Unemployment Insurance  
**CLAIMANT STATEMENT OF VOLUNTARY QUIT**

Name (Print): \_\_\_\_\_ SS#: \_\_\_\_\_

**READ THIS FIRST:** If you left work voluntarily, you may be denied benefits. To be found eligible for benefits, it is your responsibility to show that you quit for "good cause" as defined by the law. Good cause is shown if there was substantial harm by your staying on the job and if this harm could not be prevented or controlled. You may also be found eligible by establishing that a denial of benefits would be unfair or against "equity and good conscience".

The information you and your employer provide will be used to make the decision on your eligibility. Please state what actually happened, not conclusions or assumptions.

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long employed? \_\_\_\_\_ Last date worked: \_\_\_\_\_  
Type of work performed: \_\_\_\_\_ Pay rate: \_\_\_\_\_  
What reason did you give for quitting? \_\_\_\_\_  
Name of person you told: \_\_\_\_\_ His/her title: \_\_\_\_\_

2. Were you told you would be discharged if you didn't quit? ..... ☐ Yes ☐ No

If Yes, **STOP** and obtain the Claimant Statement of Job Discharge by telephoning the Claims Center. Then complete the **discharge** form instead of this form.

3. Did you give advance notice of quitting? ☐ Yes ☐ No If Yes, Date: \_\_\_\_\_  
Date that was to be your last day of work: \_\_\_\_\_  
Did you work to that day? ..... ☐ Yes ☐ No  
If No, why not? \_\_\_\_\_

4. Explain why you quit, especially the *final incident*.

5. What did you do (and with whom) to try to work out the problem before you quit?

Was there any alternative to quitting available? (Grievance, transfer, leave of absence, etc.) ..... ☐ Yes ☐ No

If Yes, what happened?

6. What hardships or difficulties (financial, mental, physical, personal, or professional) did you have by staying on the job?

7. Did you quit because of illegal or poor working conditions? ..... ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_

Did you file a complaint with the company or any authorities such as OSHA or the Labor Commission? ..... ☐ Yes ☐ No

If Yes, what happened? \_\_\_\_\_

8. Did you quit for medical or health reasons? ..... ☐ Yes ☐ No

If Yes, were you advised to leave by your doctor? ..... ☐ Yes ☐ No

Date: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

How did your job affect your health? \_\_\_\_\_

9. Did you look for other work *before* you quit? ..... ☐ Yes ☐ No

Did you look for work during the week *after* you quit? ..... ☐ Yes ☐ No

If Yes to either question, list all your work-search activities below:

If No, explain: \_\_\_\_\_

10. Did you have another job offer when you left work? ..... ☐ Yes ☐ No

If Yes, answer the following:

Company Name: \_\_\_\_\_

Person who hired you or offered the job: \_\_\_\_\_ Phone No. \_\_\_\_\_

Date the job started or was to start: \_\_\_\_\_ Did you actually start? ☐ Yes ☐ No

Why are you not there now? \_\_\_\_\_

**Provide a daytime telephone number where you can be reached if we need more information:** \_\_\_\_\_

**I CERTIFY** that the information on these pages is true to the best of my knowledge. I have made these statements to obtain unemployment benefits, knowing that the law provides penalties for false statements or withholding material facts.

Date: \_\_\_\_\_ Signature: /s/ \_\_\_\_\_

**OFFICE USE ONLY:**

☐ Allowed ☐ Denied Sec. \_\_\_\_\_ Eff. \_\_\_\_\_ ☐ Rebuttal Offered ☐ Not needed ☐ Charged ☐ Not Charged

**GOOD CAUSE**

Adverse Effect: \_\_\_\_\_ Effort to Control or Prevent: \_\_\_\_\_

Illegal: \_\_\_\_\_ Unsuitable New Work: \_\_\_\_\_

**EQUITY AND GOOD CONSCIENCE**

Reasonable Action / Intent of Program: \_\_\_\_\_

Employer Information obtained: ☐ Yes ☐ No Labor Market Attachment: ☐ Yes ☐ No

Reasoning Statement:

Dept. Repr. \_\_\_\_\_ Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

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**Equal Opportunity Employer/Program**

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.