



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*.

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: Rebuttal Offered Not needed
 Allowed Denied Sec. _____ Eff. _____ 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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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.