

UTAH DEPARTMENT OF WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE
PO Box 45266, Salt Lake City, UT 84145-0266 Fax: (801)-526-4402
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 No. _____ 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*. Give detail, using the other side of this page, if necessary. _____

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

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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 on the other side of this form. If "No", explain: _____

10. Did you have another job or 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 _____

DO NOT WRITE BELOW THIS LINE

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: _____