

NOTICE TO CLAIMANT OF HEARING

IMPORTANTE
TENGA ESTO TRADUCIDO INMEDIATAMENTE

Case # :
RE:
SS#:
Employer Name:

Date Mailed:

TELEPHONE # 860-754-5100
FAX # 866-754-1410

Your claim for unemployment benefits included the information that you separated from the above employer. In order to determine your eligibility for benefits, we require information regarding your separation from this employer. Please complete **all** appropriate questions on the enclosed questionnaire (front and back), making certain to put your social security number on each individual page, sign where your signature is required, and return it to the address noted within **ten (10)** calendar days of the mailing date shown above. **Important: If your documentation is not received within ten (10) calendar days of the mailing date above, your eligibility will be determined on the basis of available information.** A copy of your statement may be forwarded to your former employer to allow for their rebuttal if necessary.

Case #:

NAME:

SS #:

EMPLOYER:

CLAIMANT SEPARATION STATEMENT

I worked for this employer from (date) _____ to _____

My total gross earnings for this employer for the last six (6) months were \$ _____

My final rate of pay was \$ _____ per: hour week month year

The type of work I did was _____

My immediate supervisor was (Name/Title) _____

My hours of work were _____ [am]/[pm] to _____ [am]/[pm].

I worked _____ hours per day/ _____ days per week.

I am no longer employed with this employer because: (Check one)

- LAID OFF DUE TO LACK OF WORK
- QUIT / RETIREMENT
- DISCHARGED
- LEAVE OF ABSENCE

If this employment was TEMPORARY, did you complete the last assignment? Yes No

If "no," explain in detail in the Additional Statement section at the bottom of page 3, or use additional sheet.

Did you receive severance pay, vacation pay or wages-in-lieu-of notice? Yes No

If "yes," please complete page 4 of this form.

PLEASE EXPLAIN IN AS MUCH DETAIL AS POSSIBLE, THE REASON(S) WHY YOU SEPARATED FROM YOUR JOB. YOU MAY USE ATTACHMENTS IF NEEDED.

A. DISCHARGE: If you were discharged by your employer:

1. When were you discharged? _____

2. What reason did your employer give you for your discharge? _____

If your discharge was caused by a particular incident, please explain in as much detail as possible, the circumstances surrounding your discharge and the date of the incident. If you disagree with the employer's stated reason for discharging you, please explain _____

3. Were you told you were being discharged or suspended because you broke a company rule or policy? If so, what does the rule or policy state? Were you aware of the rule or policy? Did you know you were violating the rule or policy? Does the employer uniformly enforce the rule or policy, treating similarly situated employees in a similar manner when the rule or policy is violated? (If no, explain) _____

4. If you were discharged due to absenteeism, give the date of the final instance of absenteeism and the dates of any prior instances in the twelve months previous to your discharge. For each instance, including the final instance, indicate whether you gave notice and the reason for each absence. _____

Case #:

B. QUIT: If you left work voluntarily

- 1. What date did you quit? _____
- 2. Why did you quit? _____
- 3. Did you give notice? To whom? What reason did you give? _____

4. If you left for a medical reason, did your job cause or aggravate the condition? Yes No
 If "yes," please explain how and provide medical Documentation if you saw a physician for this condition. _____

5. What efforts did you make to maintain your employment before leaving (e.g., seek a transfer, request a leave of absence, etc.)? If You made no efforts, explain why not. _____

If you quit due to dissatisfaction with your job, describe the aspect(s) of the job with which you were dissatisfied (e.g., wages, hours, condition of employment). Did your dissatisfaction result from a change in conditions imposed by your employer? If so, when and how was the change imposed? If these circumstances had an adverse effect on you, please explain. Also, explain what measures you took to address these changes.

If you quit your job for health reasons, transportation problems or personal obligations, please fill out the enclosed questionnaire.

C. RETIREMENT

- 1. Was your retirement voluntary or involuntary? _____
- a. If retirement was voluntary, please complete Section "B" starting on page 3.
- b. If retirement was involuntary, please explain. _____

D. LEAVE OF ABSENCE

- 1. Why did you take this leave of absence? Explain _____
- 2. Is this paid leave of absence? Yes No If "yes," explain _____
- 3. If the leave of absence was for medical reasons which prevented you from performing your regular duties, answer the following questions
 - a. Did you request other suitable work from the employer? Yes No
 - i. If yes, what was the employer's response? _____
 - ii. If no, why not? _____

Please provide any appropriate medical documentation.

ADDITIONAL STATEMENT:

Please sign the Certification on the bottom of page 4

Case #:

NAME _____ SS# _____ EMPLOYER _____

SEVERANCE PAY

E. SEVERANCE PAY

1. What was the gross amount of the severance pay? \$ _____

How much time does this cover? _____ Hours / days / weeks.

2. Was any or all of this payment conditional upon signing a *Separation Agreement* waiving your right to file a lawsuit against the employer? Yes No

If "yes," you must attach a copy (all pages) of the agreement that you signed. If this is not included, all severance pay will be allocated to the period immediately following your separation.

If you had not signed this agreement, what would have been the amount of the severance pay?

GROSS AMOUNT \$ _____ PERIOD COVERED From _____ to _____

Did you receive **WAGES IN LIEU OF NOTICE** (not including any severance pay)? Yes No If yes, enter:

GROSS AMOUNT \$ _____ PERIOD COVERED From _____ to _____

F. VACATION PAY (including *personal days*)

1. What was the gross amount of the vacation pay? _____

How much time does this represent? _____ Hours / days / weeks

WHILE YOU WERE STILL EMPLOYED (questions #2 thru #5):

2. Did the company have a MASS SHUTDOWN PERIOD during the year? Yes No

If "yes," what were the dates of the shutdown(s)? From _____ To _____

Did you have to take time off during the shutdown(s)? Yes No

3. Did you have an upcoming vacation scheduled? Yes No

If "yes," indicate the date(s) of the scheduled vacation period. From _____ to _____

4. How much vacation time did you earn per year? _____ Hours / days / weeks.

5. Did your employer consider vacation pay to be Paid Time Off (PTO) which could also be used as sick time? Yes No

6. What policy did the employer have regarding usage of vacation time? (Check one)

- a. Vacation time had to be taken before a specified date or vacation time was forfeited ("use it or lose it").
- b. Vacation time did not have to be taken in order to receive vacation pay.
- c. Vacation time could be carried over from one year to the next and saved for future use. If "c" is checked: Were there any restrictions? How much time could be carried over?

7. Are you unemployed because the employer permanently closed a facility? Yes No

If so:

Does the employer continue to operate elsewhere in the state in which you worked? Yes No

Do you have substantive rehire rights? (i.e., Is there a possibility of returning to work for the employer in your state in a similar capacity and at a similar rate of pay?) Yes No If no, why not?

CERTIFICATION

Signature _____ Date _____

I have made this statement for the purpose of obtaining unemployment benefits. I hereby attest that the facts contained in this statement, and any supplemental information I may have included, are true and correct. I understand that a copy may be given to any interested party upon request. If my claim for unemployment compensation benefits is approved, I understand that the decision could be reversed by a higher authority, and I agree to repay any amounts to which it is determined I am not eligible.