

**Connecticut
Department of Labor**

Working with you for a better future.

Case #:
Date:
SSN #:
Adjudications Hub:
Employer Reg. No:
Job Number:
of Pages in Packet :

THE FOLLOWING FORMS ARE INCLUDED IN THIS PACKET

Form ID

Description

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Working with you for a better future.

Claimant Severance/Vacation Questionnaire

IMPORTANTE – TENGA ESTO TRADUCIDO INMEDIATAMENTE

Case No:

Name:

SS #:

In order to determine your eligibility for benefits, we need information about any severance and/or vacation pay you received upon separating from your employer. **Please answer all appropriate questions and return this document within ten days to the office address indicated on the cover sheet.** Your form must be received within 10 days or a decision will be made based upon available information.

Date hired: _____

Date last worked: _____

Hours worked per week: _____

Days worked per week: _____

WAGES IN LIEU OF NOTICE (NOT including any severance pay)?

Gross amount \$ _____

Covering _____

hours/days/weeks

SEVERANCE PAY

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

How much time does this represent? _____

hours/days/weeks

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, attach a copy of all pages of the agreement you signed.

If you did not sign this agreement, would you have received *any* severance pay? Yes No

If yes, what would have been the amount of the severance pay?

Gross amount \$ _____

Covering _____

hours/days/weeks

VACATION PAY (including personal days)

What was the gross amount of the vacation pay? \$ _____

How much time does this represent? _____

hours/days/weeks

While you were still employed (questions #1 through #5):

1. 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

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

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

to _____

3. How much vacation time did you earn per year? _____

hours/days/weeks

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

5. 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 it 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:

How much time could be carried over? _____ For how long could it be saved? _____

If there was a deadline for using the “carry over” time, what happened to the time if not used?

- It was paid out. It was forfeited.

Explain other restrictions, if any. _____

6. 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?

OTHER PAYMENT

Has any other type of payment been made? Yes No If yes, describe the type, amount and conditions.

CERTIFICATION

Print your name: _____ SS #: _____

Signature: _____ Date: _____ Telephone #: _____

I certify that the information I have provided above is true and correct, knowing the law provides penalties for false statements or the withholding of facts. I understand that a copy of the document 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 for which it is determined I am not eligible.