



*Working with you for a better future.*

**REFUSAL OF WORK/REHIRE EMPLOYER  
QUESTIONNAIRE**

**IMPORTANTE  
TENGA ESTO TRADUCIDO INMEDIATAMENTE**

Case No:

Claimant Name:

SS#:

Employer's Name

The individual referenced on the preceding page has filed a claim for unemployment benefits. Information is needed concerning the individual's possible refusal of work or rehire. Please complete this questionnaire and mail or fax it with the Notice of Hearing coversheet enclosed, by mail within ten (10) days of the Date Mailed.

Did the individual actually refuse your offer of work or rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>If no, skip to the CERTIFICATION section on the reverse.</i></b>	
Has the individual ever worked for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the information requested below:	
Date hired:	Last day of work:
Reason for separation from your employ: <input type="checkbox"/> Layoff <input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Leave of absence	
How was the offer of work or rehire communicated to the individual? (i.e., letter, phone call, in person, return-to-work date indicated on pink slip, etc.):	
When was the offer of work made?	
If the offer of work was to begin the same day the offer was made, indicate the approximate time of day the offer was made and the time the work was to start: Time of offer: _____ Start time: _____	
Name of person who made the offer of work or rehire:	Title of person who made offer:
Job offered was: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Job was to begin on:
If the work was temporary, approximately how long was the job supposed to last (at a minimum)?	
Work was : <input type="checkbox"/> full time <input type="checkbox"/> part-time	# hours per week:
Shift offered: <input type="checkbox"/> first shift (days) <input type="checkbox"/> second shift (afternoons/evenings) <input type="checkbox"/> third shift (nights) <input type="checkbox"/> other ( <i>explain</i> )	
Pay rate offered: \$ _____ per	Type of work offered:
Location of the work to be performed:	
If the individual worked for you before, please complete the following:	
Position:	Pay rate: \$ _____ Per: _____
In what city did the individual perform the work?	Where did the individual live at that time?
	In what city did the individual live when offer of work was refused?

- Continue on the reverse side -

Case #:

What reason(s) did the individual provide, if any, for refusing your offer of work or rehire?

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If the individual refused the work, maintaining the offer was unsuitable, and you disagree, explain why you disagree.

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**NOTE: If the position was offered in writing, it may be helpful to provide a copy of the letter which offered the job.**

Additional remarks:

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**CERTIFICATION**

Print your name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone # \_\_\_\_\_

CT Employer Registration No. \_\_\_\_\_

I certify that this information is true and correct, knowing that the law provides penalties for false statements or representations.