

Connecticut Department of Labor

Working with you for a better future.

REFUSAL OF WORK/REHIRE CLAIMANT QUESTIONNAIRE

IMPORTANTE
TENGA ESTO TRADUCIDO INMEDIATAMENTE

Case No:

Claimant Name:

SS#:

Your application for unemployment benefits included information about a possible refusal of work or rehire. Information is needed to adjudicate your claim. The following information is needed to determine your eligibility for benefits.

- Please complete this form and return it by mail or fax to the office indicated on the coversheet. Your form must be received within ten (10) days or a decision will be made based on available information.

Did you refuse an offer of work or rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," skip to the CERTIFICATION section on the reverse.		
Name and address of the employer offering work:		
Have you worked for this employer before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," enter the information requested below:		
Date hired:	Last day of work:	
Reason for separating from this employer: <input type="checkbox"/> Layoff <input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Leave of absence		
How did the employer make this offer of work to you? (i.e., letter, phone call, in person, return-to-work date indicated on pink slip, etc.):		
When was the offer of work made? (date and approximate time)	When did the employer want you to start work?	
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, if known:	Title of person who made offer, if known:	
Job offered was: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	If 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 (explain)		
Pay rate offered: \$ _____ per	Type of work offered:	
Do you have prior experience in this line of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: How much experience do you have (in years)? _____ When did you last perform this type of work?		
Where was the work to be performed? (city and state)	If you worked for this employer before, where did you live at the time? (city and state)	Where were you living at the time you refused the offer of work? (city and state)

-Continue on the reverse side-

Case #:

Why did you refuse this job?

What reason did you give the employer for refusing the job (if different)?

Outline your work history during the last two years.

<u>Occupation</u>	<u>Dates of Work</u>	<u>Rate of Pay</u>	<u>Full Time/Part-time</u>

Additional remarks:

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.