



## Voluntary Quit – Care for Ill/Disabled Family Member

Please answer all questions below. Any questions left unanswered will not be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: \_\_\_\_\_

Last 4 Digits of your Social Security #: \_\_\_\_\_ Date Completing Questionnaire: \_\_\_\_\_

### Claimant Statement

1. What was your last physical date of work (mm/dd/yyyy)? \_\_\_\_\_
2. What was your date of separation (if different from your last day of work - mm/dd/yyyy)? \_\_\_\_\_
3. Did you provide notice to your employer that you were leaving?  YES  NO

a. If no, why didn't you provide a notice?

b. If yes, whom did you notify? Name: \_\_\_\_\_  
Title: \_\_\_\_\_

c. When did you provide the notice (mm/dd/yyyy)? \_\_\_\_\_

d. How much notice did you give your employer? \_\_\_\_\_

e. Did your employer allow you to work out your notice?  YES  NO

If no, what reason was given for not allowing you to work out your notice?

If you were not allowed to work out your notice, did your employer pay you for the remainder of your notice?  YES  NO

If yes, please indicate the amount of money paid to you for the remainder of your notice. \$ \_\_\_\_\_

4. Why did you leave this job?

5. Did you inform your employer that the reason the reason stated in Answer #4 was the reason for leaving?     YES     NO

If no, what reason did you give your employer for leaving?

6. What is the relationship of the ill/disabled family member to you?

Spouse     Parent     Mother-in-Law     Father-in-Law

Child under 18     Child over 18

Other, please specify: \_\_\_\_\_

7. Is the family member's illness or disability verified by a doctor?     YES     NO

a. If yes, does the doctor state that care is needed by a family member at this time?

YES     NO

If yes, please provide a letter to the department from the ill/disabled family member's doctor which verifies that the family member is ill or disabled, the expected length of the illness/disability and that the individual requires care at this time which is best provided by a family member. Please fax to (401) 462-8318 within 72 hours.

8. Is the illness/disability short term or long term?     SHORT TERM     LONG TERM

9. Was there another family member who could have provided care for the ill/disabled family member?     YES     NO

a. If yes, why didn't this family member provide the care?

10. Was a leave of absence available to you?  YES  NO

a. If no, why wasn't a leave available?

i. If yes, you asked for a leave, did you take the leave of absence?  YES  NO

If no, why didn't you take the leave of absence?

If yes, you did take the leave of absence, then:

When did the leave of absence begin (mm/dd/yyyy): \_\_\_\_\_

When did it end or when is it scheduled to end(mm/dd/yyyy): \_\_\_\_\_

Was/is an extension of the leave of absence available?  YES  NO

If yes, did you request and take extension of the leave?  YES  NO

If no, why didn't you request or take the extension?

If yes, you requested and took the extension:

When did the extension begin(mm/dd/yyyy): \_\_\_\_\_

When did the extension end (mm/dd/yyyy): \_\_\_\_\_

11. Has the period of time for caring for the ill/disabled family member ended?  YES  NO

a. If yes, indicate the date that your care of the family member ended (mm/dd/yyyy): \_\_\_\_\_

12. Are you currently able to work full time?  YES  NO

13. Please provide any additional information you feel is necessary:

*I hereby certify that, to the best of my knowledge and belief, the information I have provided is true.*

YES  NO

Signature: \_\_\_\_\_

### English

**Important!** This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (401) 415-6772** for assistance in the translation and understanding of the information in this document.

### American Sign Language

**Important!** Please visit here for ASL version of this document: [https://www.youtube.com/channel/UCQuwufqdfDDY3cLU3nyH\\_w/videos](https://www.youtube.com/channel/UCQuwufqdfDDY3cLU3nyH_w/videos)

### Spanish / Español

**¡Importante!** Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (401) 415-6772** para pedir asistencia en traducir y entender la información en este documento.

### Chinese - Traditional / 繁體中文

**重要須知!** 本文件包含 **重要資訊**, 事關您的權利、責任, 和/或福利。請您務必理解本文件所含資訊, 而我們也將使用您偏好的語言, 無償為您提供資訊。請致電 **(401) 415-6772** 洽詢翻譯及理解本文件資訊方面的協助。

### Vietnamese / Việt

**Lưu ý quan trọng!** Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/ hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (401) 415-6772** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

### Tagalog / Tagalog

**Mahalaga!** Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (401) 415-6772** upang humingi ng tulong sa pagsasaling-wika at pag-unawa sa impormasyong nasa dokumentong ito.

### Arabic / العربية

مهم! يحتوي هذا المستند على معلومات مهمة حول حقوقك ومسؤولياتك وأوفوائتك. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. اتصل على الرقم للحصول على مساعدة في ترجمة المعلومات الواردة في (401) 415-6772 هذا المستند وفهمها.

### French / Français

**Important !** Ce document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos allocations. Il est essentiel que vous compreniez les informations contenues dans ce document, et nous vous fournirons gratuitement ces informations dans la langue de votre choix. **Appelez le (401) 415-6772** pour obtenir de l'aide pour traduire et comprendre les informations contenues dans ce document.

### Haitian Creole / Kreyòl Ayisyen

**Enpòtan!** Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele (401) 415-6772** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

### Portuguese / Português

**Importante!** Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (401) 415-6772** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

### Russian / русский

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### Korean / 한국어

**중요!** 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 **중요한 정보**를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. **(401) 415-6772 로 전화**하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.