



Unemployment Insurance Division - Central Adjudication Unit
PO Box 20067

Cranston, Rhode Island 02920-0944 Fax: (401) 462-8318

# **Voluntary Quit – Transportation**

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**  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? \( \subseteq \text{YES} \) 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?  $\square$  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 If yes, please indicate the amount of money paid to you for the remainder of your notice. \$ \_\_\_\_\_

4.	Why did you leave your job? Please be specific.			
5.	Did you inform your employer that the reason the reason stated in Answer #4 was the reason for leaving?			
	If no, what reason did you give your employer for leaving?			
	in the, what reason and you give your employer for leaving:			
6.	How were you originally getting to work each day)?			
7.				
- •				
8	Was the loss temporary or permanent?   Temporary Permanent			
	a. If permanent, please explain why:			
	b. If temporary, when did you get your transportation back or when do you expect to get it back?			
9	Is the employer on a bus line?			
	. Do you live on a bus line?			
10	a. If yes, did you attempt to take a bus to work when you lost your transportation?			
	YES NO			
	<del>_</del>			
	i. If yes, why didn't you continue to use a bus to get to work?			

	ii.	If no, why didn't you attempt to take a bus to work?
1 Did vo	ou ask a	a co-worker to take you to and from work?
_		what was the result of asking a co-worker to take you to work?
b.	If no, v	why didn't you ask a co-worker for a ride?
. Did yo	ou ask a	a family member to take you to and from work?
C.	If yes,	what was the result of asking a family member to take you to work?
d.	If no, v	why didn't you ask a family member to take you to work?
	a chang sportat	e in shift or hours of work available which may have given you access to other means ion?   YES NO
a.		did you ask for this change in shift/hours so that you would have access to other s of transportation?
	i.	If yes, what was the result?

ii. If no, why didn't you ask for a change in shift/hours?
14. Did the company have another location that was closer to your home?
<ul><li>a. If yes, did you request to relocate to the location that was closer to your home?</li><li>YES NO</li></ul>
i. If yes, what was the result?
ii. If no, why didn't you request to locate to the location that was closer to your home?
15. 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: <a href="https://www.youtube.com/channel/UCQuwujfqdfDDY3cLU3n">https://www.youtube.com/channel/UCQuwujfqdfDDY3cLU3n</a> yH w/videos

# Spanish / Español

**ilmportante!** Este documento contiene <u>información</u> <u>importante</u> 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 / Viêt

Lưu ý quan trọng! Tài liệu này chứa thông tin quan trong 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 Napakahalaga benepisyo. nauunawaan mo ang impormasyong nakapaloob 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 pagunawa sa impormasyong nasa dokumentongito.

# العربية / Arabic

مهم! يحتوي هذا المستند على معلومات مهمة حول حقوقك ومسؤولياتك و/أو فوائدك. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، وسنو فر المعلومات بلغتك المفضلة دون تحملك أي تكلفة. اتصل على الرقم للحصول على مساعدة في ترجمة المعلومات الواردة في 6772-415 (401). هذا المستند و فهمها

#### French / Français

Important ! Ce document contient <u>des informations</u> <u>importantes</u> 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 <u>enfòmasyon enpòtan</u> 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 <u>informacões</u> <u>importantes</u> 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

**Важно!** В настоящем документе содержится <u>важная информация</u> о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. Позвоните по телефону (401) 415-6772 для получения помощи в переводе и понимании информации, содержащейся в данном документе.

## Korean / 한국어

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