



**Voluntary Leaving Questionnaire - Employer**

**Claimant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Employer Account #: \_\_\_\_\_

Under Section 601 of the Illinois Unemployment Insurance Act, an individual who quits his/her job without good cause attributable to his/her employer is ineligible for unemployment benefits. Please provide information about the claimant's separation from employment. The information you provide will be used for the purpose of determining the claimant's eligibility for benefits.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security Office as instructed. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to respond may result in erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

<b>Section A: Employment Information</b>					
Employer Name: _____			Employer Telephone Number: (     )     -		
Length of Employment From:     /     /     To:     /     /		Work Hours From:     To:     /		Wages \$     .     Per	
Type of Work (e.g. retail sales, cook, office manager, etc)			Job Duties		
<b>Section B: Reason For Leaving</b>					
What was the last day the claimant worked?     /     /					
What was the circumstance, incident, or reason that caused the claimant to leave his/her employment?					
Did the claimant inform you that he/she was leaving?     Yes     No					
If Yes, what is the name and title of the person the claimant informed?					
If Yes, what was the date the claimant informed that person?     /     /					
If Yes, what reason did the claimant give you for leaving?					
Did the claimant have a choice to remain employed?     Yes     No					
Did the claimant take any steps before leaving to explain or resolve the situation?     Yes     No					
If Yes, what steps did the claimant take to explain or resolve the situation?					
Did the claimant submit his/her resignation in writing?     Yes     No					
Did the claimant give you a notice period?     Yes     No     Did the claimant complete the notice period?     Yes     No					
If No, please explain:					
Did the incident or problem that caused the leaving violate or change the original hiring agreement?     Yes     No					
If Yes, please explain:					
<b>Section C: Signature</b>					
Signature: _____			Date:     /     /		
Name: (Printed or Typed)			Telephone Number: (     )     -		
Title: _____			Extension: _____		