

## EMPLOYER RESPONSE-QUIT:

NOTE: THIS INFORMATION WILL BE USED TO DETERMINE CLAIMANT'S  
ELIGIBILITY AND MAY ALSO AFFECT YOUR CHARGEABILITY RATE

Claimant Name: <b>INTERSTATE CLAIMS                  IDAHO DEPARTMENT OF LABOR                  155 N. MAPLE                  P.O. BOX 9                  BLACKFOOT ID 83221-0009                    208-785-5036 (FAX)</b>	SSN:  Employer Name, Address, Phone & Fax	
<b>Paid or to be paid:</b>		
Gross earnings for the past 12 months \$	Severance: \$	On (date):
Vacation: \$	Bonus: \$	On (date):
Date payment will be received:	Holiday: \$	On (date):
Rate of Pay per hour: \$	Pension or Retirement pay was paid or will be paid:	
Method of Interview: <input type="checkbox"/> In Person <input type="checkbox"/> By Telephone	\$	On (date):
Supervisor's Name:	Employer's Phone#:	
Start Date of Employment:	Last Day Claimant Worked:	
Date Claimant informed you of the intent to quit:		

**Please provide any documentation to support your position (ie: letter of resignation)**

What reason (s) did the claimant give for quitting?
If the claimant cited work-related reasons, describe the working conditions:
What alternatives were available to the claimant? (leave of absence, transfer, grievance, etc.)
Describe any efforts the claimant made to resolve the problem and the outcome of those efforts:
If you do not agree with the claimant's statements, please state why:
Additional Information:  Employer/Employer's Representative Signature: _____ Print Name: _____ Title: _____ Phone Number: _____ Date: _____