



Kay Ivey  
Governor

STATE OF ALABAMA  
DEPARTMENT OF LABOR  
UNEMPLOYMENT COMPENSATION DIVISION

EMPLOYER JOB REFUSAL



Fitzgerald Washington  
Secretary of Labor

CLAIMANT INFORMATION :

Due Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_

EMPLOYER INFORMATION:

NAME: \_\_\_\_\_ ELM  
ADDRESS: \_\_\_\_\_ 210 S WASHINGTON AVE  
\_\_\_\_\_ MOBILE, AL 36602  
\_\_\_\_\_  
PHONE, FAX or EMAIL: \_\_\_\_\_

Please answer the following questions about the job offered to the claimant:

TYPE OF WORK: \_\_\_\_\_

RATE OF PAY: \_\_\_\_\_

DATE OF REFUSAL/QUIT: \_\_\_\_\_ SCHEDULED START DATE: \_\_\_\_\_

LENGTH OF JOB: \_\_\_\_\_

WORK HOURS: \_\_\_\_\_

TOTAL # WORK HOURS PER WEEK: \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

EQUIPMENT REQUIRED: \_\_\_\_\_ IF SO TYPE: \_\_\_\_\_

LICENSE AND/OR UNION REQUIRED: \_\_\_\_\_

PRIOR EMPLOYMENT: \_\_\_\_\_ SAME DUTIES: \_\_\_\_\_ SAME PAY: \_\_\_\_\_  
{With above Employer; Answer Yes or No} OLD RATE OF PAY: \_\_\_\_\_

HOW WAS THE JOB OFFERED?

CONTACT VIA: \_\_\_\_\_ IN PERSON \_\_\_\_\_ BY MAIL \_\_\_\_\_ BY PHONE \_\_\_\_\_ TEXT/E-MAIL \_\_\_\_\_

NAME & TITLE OF PERSON OFFERING JOB: \_\_\_\_\_

WHAT REASON DID CLAIMANT GIVE FOR REFUSING/QUITTING JOB? Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this to:  
Greg Wilson  
Fax (334) 956.4024

649 Monroe Street Montgomery, Alabama 36131  
Telephone: (334) 956-4000