Instruction Guide for Claimants

Weekly Claim Filing: Did Perform Work & Employee Status Screens



MAINE DEPARTMENT OF LABOR Bureau of Unemployment Compensation

9/19/2023

Did Perform Work Screens

rining for freek of Da	nday, November 26, 2023 To Saturd	day, December 02, 2023	
1 of 3 steps			
Report work s	earch		
1. Did you work or perfo	orm any services for an employer during	the week (this does not include odd jo	obs)?
(required)			
Additional information : filing a weekly claim.	such as employer details and earnings will be	e captured in the weekly certification, ste	p 2 in

The following screens shown in this tutorial will show you what will be displayed for you to complete the **Did Perform Work** portion of your weekly claim.

<u>Did Perform</u> Work Screens

 After you answer "Yes" to question 1, question 2 will display. Filing for week of Sunday, November 26, 2023 To Saturday, December 02, 2023

1 of 3 steps

Report work search

 Did you work or perform any services for an employer during the week (this does not include odd jobs)? (required)

Additional information such as employer details and earnings will be captured in the weekly certification, step 2 in filing a weekly claim.



2. Are you working part-time or full-time? (required)

The normal number of hours worked in jobs held during the past 18 months before becoming unemployed. Full employment may vary by individual and does not necessarily mean full-time, or 40 hours a week. Click the What does this mean? link for more information.

Full Time	O Part Time	What does this mean?
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▲ Not secure reme-training.me.mdes.ms.gov:9115/accessme/html/Help/wc/mewcFu (
 You will be considered to be working full-time if, when all of your jobs are considered you are working the equivalent of a full-time job 				
You are considered to be part-time if:				
You worked less than full-time hours for one or more employers each week.				
Working part-time during a week that you are filing for unemployment benefits is not considered a work search option for that week.				
You are expected to look for work that matches the typical number of hours you worked before you became unemployed.				
For example, if you were typically working around 22 hours a week before you became unemployed, you are expected to look for work until you are again working similar hours each week.				
The weekly certification (Step 2) will ask if you "worked or performed any services" during the week. There you will report how much you earned during the week, even if you haven't been paid yet.				

<u>Did Perform</u> Work Screens

<u>Part Time</u>

- If you answer "**Part Time**" to question 2, question 3 displays.
- Unless applying for jobs through your Union Hiring Hall, select "No" for question 3.
- Working part-time during a week that you are filing for unemployment benefits is not considered a work search option.
- The questions to follow will vary depending on responses entered.

Filing for week of Sunday, November 26, 2023 To Saturday, December 02, 2023

1 of 3 steps

Report work search

 Did you work or perform any services for an employer during the week (this does not include odd jobs)? (required)

Additional information such as employer details and earnings will be captured in the weekly certification, step 2 in filing a weekly claim.



2. Are you working part-time or full-time? (required)

The normal number of hours worked in jobs held during the past 18 months before becoming unemployed. Full employment may vary by individual and does not necessarily mean full-time, or 40 hours a week. Click the What does this mean? link for more information.



3. Are you a member of a Union that provides job placement through a Hiring Hall? (required)



Did Perform Work Screens

<u>Part Time</u>

- Your summary will show "Yes" indicating you were working "Part Time".
- You are not required to look for work with Maine DOL if you are seeking employment with your previous employers' Union Hiring Hall.

Filing for week of Sunday, November 26, 2023 To Saturday, December 02, 2023

1 of 3 steps

Summary of work search responses

Here are your work search responses for the week. Please review your answer and remember that providing false information is punishable by law. If you do not actively look for work as directed by MDOL, you may not be eligible for benefits that week.

 Yes, I did work or perform services for an employer during the week (this does not include odd jobs).

I was working Part Time

- 2. No, I am not a member of a Union that provides job placement through a Hiring Hall.
- 3. No, I do not have a confirmed start date to return to employment.
- 4. No, I did not look for work or participate in Work Search related activities.

Test

□ I acknowledge and confirm I have completed my work search activity. (once you have selected Save & Continue you will not be able to edit or add to your work search for this week.)

Edit My Responses

Save & Continue

<u>Did Perform</u> Work Screens

Full Time

- If you answer "Full Time" to question 2, report work search question displays.
- If "No" is selected, select "Review My Responses"
- If "Yes" is selected, a work search activity will need to be selected.

2. Are you working part-time or full-time? (required)					
The normal number of hours worked in jobs held during the past 18 months before becoming unemployed. Full employment may vary by individual and does not necessarily mean full-time, or 40 hours a week. Click the What does this mean? link for more information.					
Full Time	Part Time What does	this mean?			
<back< td=""><td>Next></td><th></th></back<>	Next>				

Filing for week of Sunday, September 10, 2023 To Saturday, September 16, 2023
1 of 3 steps
Report work search
1. Do you have additional Work Search related activities to report for the week? (required)
Yes No What does this mean?
<back next=""></back>
Report work search
1. During the week of 26 November to 02 December, did you participate in any of the following work search
related activities? (required - select all that applied)
You contacted an employer, interviewed, or applied for a job, please report further details when prompted. You will have the opportunity to enter details for multiple activities if needed by clicking "Add Another Work Search Activity" on the Summary of work search responses page.
If you completed one of the other activities listed, you do not have to enter further details at this time. Please save
any documentation so you can easily provide it if a record is requested.
I attended a job fair bosted by a CareerCenter virtually or in person
I participated in CareerCenter reemployment services virtually or in person

<u>Did Perform</u> Work Screens

<u>Full Time</u>

- If you answer "Full Time" to question
 2, your summary
 will show "Yes" that
 you were working
 Full Time.
- Work Search activities will be listed under question 2 if selected in the prior screen.

Filing for week of Sunday, November 26, 2023 To Saturday, December 02, 2023

1 of 3 steps

Summary of work search responses

Here are your work search responses for the week. Please review your answer and remember that providing false information is punishable by law. If you do not actively look for work as directed by MDOL, you may not be eligible for benefits that week.

 Yes, I did work or perform services for an employer during the week (this does not include odd jobs).

I was working Full Time

2. No, I do not have additional Work Search related activities to report for the week.

□ I acknowledge and confirm I have completed my work search activity. (once you have selected Save & Continue you will not be able to edit or add to your work search for this week.)

Edit My Responses

Save & Continue

<u>Did Perform</u> <u>Work Screens</u>

 After verifying work has been completed for an employer (parttime or full-time), and work search steps are complete, you will then be able to select Start Weekly Certification to continue with your Weekly Claim.

Filing a weekly claim: step by step

Report work search

Thank you for recording your Work Search, please continue on to the next steps and complete your Weekly Claim.

Certify eligibility & report earnings

The weekly certification confirms eligibility including, but not limited to, that you were able and available to work and is where you must report any earnings.

Save & Exit

2

Start Weekly Certification

3	Review	&	submit	your	weekly	claim
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Weekly Certification Details Screen

5. Did you work or perform any services for an employer during the week? (required)
What does this mean?
I was working Full Time
6. Did you have any earnings from an odd job or self-employment during the week? (required)
Yes No What does this mean?
7. Do you have a confirmed start date to return to full employment? (required)
Yes No What does this mean?

Employment Details Screen

Enter em Select the	ployment details. Question 7 Employment Status has various options.	
	6. Enter the number of hours worked during the week shown. (required)	
	 7. Indicate your employment status with this employer. (required) Select- Discharged / Fired Lack of work / Laid off 8. [Strike / Lock Out another employer during the week being claimed? (required) Suspension Voluntary Quit Working Part Time 	
	<back next=""></back>	

The following screens shown in this tutorial will show you what will be displayed for you to complete the **Employment Status** portion of your weekly claim.

<u>Employment</u> <u>Status Screens</u>	Discharge - General Discharge Questionnaire 1. When did you start working for this employer? (required) MM / DD / YYYY 2. What was your last physical date of work? (required) 09 / 15 / 2023 3. When were you fired/discharged? (required) MM / DD / YYYY a 4. Job title: (required) 5. Was your discharge due to absenteeism/tardiness? (required) Yes If Yes, please provide the following details
 7. Indicate your employment status with this employer. (required) Discharged / Fired * a. If Discharged/Fired, select reason: 	a. Date of most recent absence/tardiness?
-Select- Select- Covid Vaccination Policy Other Covid Vaccination Policy Other	 a. Was your separation a direct result of a COVID Vaccination Policy? Yes No b. What was the company policy/rule related to the reason for discharge? (Max 1000 Characters)
 If you answer "Discharged / Fired", you will fill out the General Discharge Questionnaire screen with ten (10) questions 	c. How were you informed of the company policy/rule? -Select- • 10. Enter any additional information you feel may be necessary. (Max 1000 Characters)

Employment Status Screens

- If you answer "Lack of work /Laid off", question 7a will appear for you to enter your return to work date, if you have one.
- Select "Next" to save entry.

7. Indicate your employr	nent status with this em	ployer. (required)
a. If your status is La time employment. MM / DD / YY	ck of Work but you have	a definite return to work date, enter the date you will return to fu
<back< td=""><th>Next></th><th></th></back<>	Next>	

	Strike/Lock Out
	1. What was the last day of actual work? (required)
	09 / 15 / 2023 📫
	 What is the reason that you are not working? (required) (May 1000 Characters)
Employment	
Status Scroops	
<u>Status Screens</u>	 What kind of work did you perform? (Give title and brief description) (required) (Max 1000 Characters)
	 In which department did you work? (required) (Must not exceed 100 characters)
7. Indicate your employment status with this employer. (required)	
Strike / Lock Out	
	a. If Yes, please explain your failure to work due to a picket line. (Max 1000 Characters)
 If you answer "Strike / Lock Out", you will fill out the 	
Strike/Lock Out screen with eleven (11) questions.	 Do you wish to have the officers of your union local and attorneys representing the union represent your interests at all hearings regarding your rights to unemployment benefits during the labor dispute? (required)
	U Yes U No
	11. Provide any additional information you feel may be necessary to validate your claim (Max 1000 Characters)

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	General Suspension Questionnaire
	1. What date did you start working for this employer? (required) MM / DD / YYYY
<u>Employment</u>	2. What was the last day you actually worked? (required) 09 / 15 / 2023
Status Screens	3. What date did the suspension start? (required) MM / DD / YYYY
	4. Job title: (required)
	5. Do you have a definite date to return to work? (required)
7. Indicate your employment status with this employer. (required)	
Suspension -	Ves No
	If Yes, provide the following:

• If you answer "Suspension", you will fill out the General **Suspension Questionnaire** screen with fourteen (14) questions.

What date did the suspension start? (required)
MM / DD / YYYY 🛛 🔿
4. Job title: (required)
5. Do you have a definite date to return to work? (required)
Ves No
() Yes
If Yes, provide the following:
in res, provide the following.
a. What was the company policy/rule related to the reason for your suspension?
(Max 1000 Characters)
b. How were you informed of the company policy/rule?
-Select-
14. Enter any additional information you feel may be necessary. (Max 1000 Characters)
<back next=""></back>

Employment Status Screens

When you indicate Voluntary Quit as your employment status with this employer,
Question 7 a will appear, for you to select the reason that you quit –
7. Indicate your employment status with this employer. (required)
Voluntary Quit 👻
a. If Voluntary Quit, select reason:
-Select-
<back next=""></back>
The following screens shown in this tutorial will show you what will be displayed for
you to complete the Voluntary Quit portion of your weekly claim.

	Quit - To Move With Spouse Questionnaire
Employment Status Screens 7. Indicate your employment status with this employer. (required)	 What date did you start working for this employer? (required) MM / DD / YYYY What was the last day you physically worked? (required)
Voluntary Quit a. If Voluntary Quit, select reason: Accompany Spouse	10. Date you were able and available to accept work and were actively seeking work at new place of residence (required) MM / DD / YYYY 0
 If you answer "Voluntary Quit: Accompany Spouse", you will fill out the To Move With Spouse screen with twelve (12) questions. 	11. Explain why it was necessary to leave your employment in order to relocate to this new residence: (required) (Max 1000 Characters) 12. Enter any additional information you feel may be necessary. (Max 1000 Characters)

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<u>Employment</u> <u>Status Screens</u>
7. Indicate your employment status with this employer. (required) Voluntary Quit
a. If Voluntary Quit, select reason: Child/Elder care

 If you answer "Voluntary Quit: <u>Child/Elder Care"</u>, you will fill out the Child/Elder Care Questionnaire screen with ten (10) questions.

 1. What date did you start working for this employer? (required) MM / DD / YYYY 0 2. What was the last day you physically worked? (required) MM / DD / YYYY 0 3. What was your date of separation (if different from your last day of work)? MM / DD / YYYY 0 4. Job Title: (required) 5. Was the separation caused by the unexpected loss of child care or elder care? (required) Yes No a. If Yes: Select- * b. What is your relation with the Child/Elder Select- * i. If Family Member, the family member is your: 	Voluntary Quit - Child/Elder Care Questionnaire
 2. What was the last day you physically worked? (required) MM / DD / YYYY 0 3. What was your date of separation (if different from your last day of work)? MM / DD / YYYY 0 4. Job Title: (required) 5. Was the separation caused by the unexpected loss of child care or elder care? (required) S. Was the separation caused by the unexpected loss of child care or elder care? (required) S. Was the separation caused by the unexpected loss of child care or elder care? (required) S. Was the separation caused by the unexpected loss of child care or elder care? (required) S. Was the separation with the Child/Elder S. Select- * b. What is your relation with the Child/Elder Select- * i. If Family Member, the family member is your: 	1. What date did you start working for this employer? (required) MM / DD / YYYY III
 3. What was your date of separation (if different from your last day of work)? MM / DD / YYYY 0 4. Job Title: (required) 5. Was the separation caused by the unexpected loss of child care or elder care? (required) Yes O No a. If Yes: -Select- b. What is your relation with the Child/Elder -Select- i. If Family Member, the family member is your: 	2. What was the last day you physically worked? (required) MM / DD / YYYY Image: Constraint of the second se
 4. Job Title: (required) 5. Was the separation caused by the unexpected loss of child care or elder care? (required) Yes No a. If Yes: -Select- b. What is your relation with the Child/Elder -Select- i. If Family Member, the family member is your: 	 What was your date of separation (if different from your last day of work)? MM / DD / YYYY
 5. Was the separation caused by the unexpected loss of child care or elder care? (required) Yes No a. If Yes: -Select- b. What is your relation with the Child/Elder -Select- i. If Family Member, the family member is your: 	4. Job Title: (required)
 a. If Yes: Select- • b. What is your relation with the Child/Elder Select- • i. If Family Member, the family member is your: 	5. Was the separation caused by the unexpected loss of child care or elder care? (required) Yes No
 ii. If Other, provide relationship 6. Did you notify your employer immediately of the reason for your absence? (required) Yes 	 a. If Yes: -Select- b. What is your relation with the Child/Elder -Select- i. If Family Member, the family member is your: -Select- ii. If Other, provide relationship 6. Did you notify your employer immediately of the reason for your absence? (required) Yes No

8.	Are you able to resume work? (required)
	a. If Yes, date you were able to resume working? MM / DD / YYYY @
9.	Number of hours per week that you are able and available to work: (required)
10.	Enter any additional information you feel may be necessary. (Max 1000 Characters)
	<back next=""></back>

	Quit - Domestic Abuse Questionnaire
<u>Employment</u> <u>Status Screens</u>	 1. What date did you start working for this employer? (required) MM / DD / YYYY 0 2. What was the last day you physically worked? (required) 09 / 13 / 2023 0 3. What was your date of separation (if different from your last day of work)? MM / DD / YYYY 0 4. Job title: (required) 5. Was leaving or requesting a reduction in working hours necessary to protect you from domestic abuse or because of limitations necessary for the safety or protection of yourself or a family member? (required) Yes No a. Please explain: (Max 1000 Characters)
7. Indicate your employment status with this employer. (required) Voluntary Quit	 If the circumstances involved a family member, what is your relationship to the family member?
a. If Voluntary Quit, select reason: Domestic Abuse	
	0. Number of hours per week you are able or available to work: (required)

 If you answer "Voluntary Quit: Domestic Abuse", you will fill out a Domestic Abuse Questionnaire screen with ten (10) questions.

9.	Number of hours p	er week you ar	e able or a	vailable to	o work: <mark>(re</mark>	quired)	
10.	Enter any additiona (Max 1000 Characte	al information y rs)	ou feel ma	y be nece	essary.		
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	Quit - Illness/Injury Questionnaire
	 What date did you start working for this employer? (required) MM / DD / YYYY
	2. What was the last day you physically worked? (required) 09 / 13 / 2023
Employment	3. What was your date of separation (if different from your last day of work)? MM / DD / YYYY
Status Screens	4. Job title: (required)
	 5. Was the separation caused by illness, disability, or injury to yourself or a family member? (required) Yes No
	a. If Yes: -Select-
7. Indicate your employment status with this employer. (required) Voluntary Quit	
a. If Voluntary Quit, select reason: Illness / Injury	 Number of hours per week that you are able and available to work: (required) 12. Was your separation a direct result of a COVID Vaccination Policy? (required)
 If you answer "Voluntary Quit: Illness / Injury", you will fill out a Illness/ Injury Questionnaire screen with thirteen 	Yes No 13. Enter any additional information you feel may be necessary. (Max 1000 Characters)
(13) questions.	

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	Quit - Leave of Absence	
	1. What date did you start working for this employer? (required) MM / DD / YYYY Image: Comparison of the second sec	
	2. What was the last day you physically worked? (required) MM / DD / YYYY	
Employment	3. What was your date of separation (if different from your last day of work)?	
<u>Status Screens</u>	 4. Job title: (required) 5. Leave of absence start date: (required) 	
	6. Is this an indefinite leave of absence? (required)	
7. Indicate your employment status with this employer. (required)	a. If No, Leave of absence end date: MM / DD / YYYY Image: Comparison of the second seco	
a. If Voluntary Quit, select reason:	12. If your leave has expired and you have not returned to work, explain why: (Max 1000 Characters)	
 If you answer "Voluntary Quit: LOA or Sabbatical", you will fill out a Leave of 	 13. Was your separation a direct result of a COVID Vaccination Policy? (required) Yes No 14. Enter any additional information you feel may be necessary. 	
Absence screen with	(Max 1000 Characters)	
fourteen (14) questions.		/
	<back next=""></back>	

<u>Employment</u> <u>Status Screens</u>
7. Indicate your employment status with this employer. (required)
a. If Voluntary Quit, select reason:
Nonregular 💌

 If you answer "Voluntary Quit: Nonregular", you will fill out a Voluntary Quit Questionnaire screen with nine (9) questions.

General - Voluntary Quit Questionnaire
1. What date did you start working for this employer? (required) MM / DD / YYYY
2. What was the last day you physically worked? (required) MM / DD / YYYY
3. What was your date of separation (if different from your last day of work)?
4. Job title: (required)
5. Why did you leave this job? Please be specific (required) (Max 1000 Characters)
 6. Did you inform your employer that the reason stated in prior question was the reason for leaving? (required) Yes No a. If No, what reason did you give your employer for leaving? (Max 1000 Characters)
Was your separation a direct result of a COVID Vaccination Policy? (required)

		4
8.	Was your separation a direct result of a COVID Vaccination Policy? (required)	
9.	Enter any additional information you feel may be necessary. (Max 1000 Characters)	
		4
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<u>Employment</u> <u>Status Screens</u>
7. Indicate your employment status with this employer. (required)
Voluntary Quit 👻
TEV (Justers Out) and at second
a. If voluntary Quit, select reason:

 If you answer "Voluntary Quit: Personal Reasons", you will fill out a Personal Reasons Questionnaire screen with eight (8) questions.

Quit - Personal Reasons Questionnaire		
1. What date did you start working for this employer? (required) MM / DD / YYYY III		
2. What was the last day you physically worked? (required) 09 / 13 / 2023 III		
3. What was your date of separation (if different from your last day of work)?		
4. Job title: (required)		
 Why did you leave this job? Please be specific (required) (Max 1000 Characters) 		
Did you inform your employer that the reason stated in prior question was the reason for leaving? (required)		
a. If No, what reason did you give your employer for leaving?		
(Max 1000 Characters)		
li li		
7 Was your separation a direct result of a COVID Vaccination Policy2 (required)		
 Enter any additional information you feel may be necessary. (Max 1000 Characters) 		
<back next=""></back>		

<u>Employment</u> <u>Status Screens</u>
7. Indicate your employment status with this employer. (required)
Voluntary Quit 👻
a. If Voluntary Quit, select reason:
Reduction in Work Hours

 If you answer "Voluntary Quit: Reduction in Work Hours", you will fill out Reduction in Hours screen with six (6) questions.

Voluntary Quit - Reduction in Hours			
1. What date did you start working for t	his employer? (required)		
2. What was the last day you physically 09 / 13 / 2023	worked? (required)		
3. How many hours per week do you cu	rrently work? (required)		
4. Has the number of hours that you we Yes No	ork changed since you started working? (required)		
a. If Yes, how many hours per week	did you previously work?		
5. Did you request the reduction in hour	rs from the number you previously worked? (required)		
If yes,			
a. Did your employer agree to your r	equest to reduce your hours?		
 Why did you request to work redu (Max 1000 Characters) 	ced hours?		
	a a a a a a a a a a a a a a a a a a a		
c. What date did you begin working MM / DD / YYYY 0	reduced hours?		
 Enter any additional information you feel may be necessary. (required) (Max 1000 Characters) 			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
<back next=""></back>			

<u>Employment</u> <u>Status Screens</u>
7. Indicate your employment status with this employer. (required)
Voluntary Quit 👻
a. If Voluntary Ouit. select reason:

 If you answer "Voluntary Quit: To Retire", you will fill out a Voluntary Retirement Questionnaire screen with nine (9) questions.

Quit - Voluntary Retirement Questionnaire		
1. What date did you start working for this employer? (required)		
<ol> <li>What was the last day you physically worked? (required)</li> <li>09 / 13 / 2023</li> </ol>		
3. What was the effective date of your retirement (if different from your last day of work)?          MM       / DD       / YYYY		
4. Job title: (required)		
5. Was this a voluntary retirement? (required)		
<ul> <li>6. Was your retirement under a regular employment policy under which you are entitled to receive pension payments? (required)</li> <li>Yes</li> </ul>	re	
a. If Yes, when will the pension payments begin?          MM       / DD       / YYYY		
7. Did an employer policy require you to retire? (required)		
8. Was your separation a direct result of a COVID Vaccination Policy? (required)		
<ol> <li>Enter any additional information you feel may be necessary. (Max 1000 Characters)</li> </ol>		
	4	
<back next=""></back>		

<u>Employment</u> <u>Status Screens</u>
7. Indicate your employment status with this employer. (required)
Voluntary Quit 🔹
a. If Voluntary Quit, select reason:

 If you answer Voluntary Quit: Voluntary Layoff, you will fill out a Voluntary Layoff Questionnaire screen with eleven (11) questions.

Quit - Voluntary Lay-off Questionnaire			
1. What date did you start working for this employer? (required)			
2. What was the last day you physically worked? (required)          09       / 13       / 2023       0			
3. What was your date of separation (if different from your last day of work)?			
4. Job title: (required)			
<ol> <li>How were you notified about the opportunity to volunteer for layoff? (required)</li> </ol>			
6. When did your employer accept your request to be included in the layoff? (required)          MM       / DD       / YYYY       Image: Comparison of the layoff of			
7. Do you have a definite date to return to work with that employer? (required)           Yes			
a. If Yes, the date you are expected to return to work.           MM         / DD         / YYYY			
8. Was your volunteering for layoff to accept a retirement incentive? (required)			
a. If Yes, What was the retirement incentive?			
9. Is there any reason why you cannot work full-time? (required)			
a. If Yes, please explain. (Max 1000 Characters)			
10. Was your separation a direct result of a COVID Vaccination Policy? (required)			
11. Enter any additional information you feel may be necessary.			
<back next=""></back>			

	General - Voluntary Quit Questionnaire
	1. What date did you start working for this employer? (required)          MM       / DD       / YYYY       III
	2. What was the last day you physically worked? (required) 09 / 13 / 2023 0
	3. What was your date of separation (if different from your last day of work)?          MM       / DD       / YYYY       III
<u>Employment</u>	4. Job title: (required)
Status Screens	5. Why did you leave this job? Please be specific (required) (Max 1000 Characters)
	6. Did you inform your employer that the reason stated in prior question was the reason for leaving? (required)
7. Indicate your employment status with this employer. (required)	a. If No, what reason did you give your employer for leaving?
Voluntary Quit	
a. If Voluntary Quit, select reason:	
	9. Enter any additional information you feel may be necessary. (Max 1000 Characters)
<ul> <li>If you answer "Voluntary</li> </ul>	
Quit: Other", you will fill out a	
Questionnnaire screen with	<back next=""></back>

This concludes the Did Perform Work & Employee Status Screens tutorial

nine (9) questions.