

# JOB REFUSAL STATEMENT – CLAIMANT

K-BEN 3118 Web (Rev. 1-21)

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P.O. Box 3539  
Topeka, KS 66601-3539  
FAX: (785) 296-3249  
UPLOAD:  
<https://UIAssistance.GetKansasBenefits.gov>



Complete this form and return it within **seven days** of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits, possible overpayment and collection of benefits previously received.**

Claimant name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Did you refuse a job?  YES  NO If NO, complete the **CERTIFICATION ONLY**. If YES, complete the **ENTIRE FORM**.

**JOB REFUSED:**

Date job refused (mm/dd/yyyy): \_\_\_\_\_ Reasons: \_\_\_\_\_

Name of employer that offered the job: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Person who offered the job: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of job offer (mm/dd/yyyy): \_\_\_\_\_ Date job to begin (mm/dd/yyyy): \_\_\_\_\_

Job title: \_\_\_\_\_ Job duties: \_\_\_\_\_

Location of job site (address, city, state, ZIP): \_\_\_\_\_

Distance from your home to job site: \_\_\_\_\_

How was the job offer made (in person, by phone, by mail, through a union, etc.)? \_\_\_\_\_

Were there any union requirements?  YES  NO If YES, explain: \_\_\_\_\_

Rate of pay offered: \$ \_\_\_\_\_ Per:  Hour  Week  Bi-weekly  Month  Year

Hours required to work: \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM Number of days per week: \_\_\_\_\_

Expected duration of job: \_\_\_\_\_

Do you have training or experience in the type of work that was offered?  YES  NO

Type of work you are now seeking: \_\_\_\_\_

**YOUR LAST JOB:**

Job title: \_\_\_\_\_ Job duties: \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ Per:  Hour  Week  Bi-weekly  Month  Year

Distance from your home to job site: \_\_\_\_\_

**CERTIFICATION:** I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*See Reverse side for important information regarding Kansas' Return to Work Law.

**Job Refusal Statement – Claimant**

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**NOTICE – KANSAS RETURN TO WORK LAWS**

You received this form because KDOL received notice, either from your weekly claim certification or an employer, that you refused an offer of work. K.S.A. 44-706(c) states that failure to accept suitable work when offered, without good cause, may result in disqualification from receiving unemployment benefits. Intentionally misstating or omitting facts is considered fraudulent and may result in prosecution. Any overpayments due to fraud will be subject to penalties and interest. Whether someone should be disqualified for unemployment insurance benefits for refusing an offer of work is decided on a case-by-case basis. KDOL's review will include, but is not limited to, whether: (1) a valid offer of employment was made, (2) the employment was suitable, and (3) you had good cause for refusing the offer of work.

**OFFER TO RETURN TO WORK**

Considerations for whether there was an offer of work include whether information, such as job duties, pay, and schedule, were provided. If you prevented the employer from providing those details by refusing the job before they could be provided, then you may be disqualified.

**SUITABLE WORK**

"Suitable work" depends on factors such as the degree of risk involved to health, safety and morals, whether you have the skills, training, experience and capabilities to perform the work offered, your prospects of finding work, the number of jobs available in that field, the number of people unemployed in that occupation, the length of time you have been unemployed, and whether the job meets federal/state/local standards in terms of wages, hours or other conditions of work.

**RIGHT TO REFUSE TO RETURN TO WORK OR TO REFUSE SUITABLE WORK**

You must have "good cause" to be qualified for unemployment benefits after refusing suitable work. Consideration of "good cause" may include whether the reason for refusing the offer was of such nature that would impel a reasonable, not supersensitive, individual exercising ordinary common sense to refuse the work. "Good cause" includes showing good faith such as the presence of a genuine desire to work.

Exceptions to disqualification for refusing work are if: (1) you are in approved training and other conditions are met; (2) the position offered is vacant due to a strike, lockout or other labor dispute; (3) the pay, hours or other conditions of the work offered are substantially less compared to similar work in the area; (4) a condition of being employed is being required to join or prohibits joining any labor organization; and (5) you left employment as a direct result of domestic violence, and the position offered does not reasonably accommodate your physical, psychological, safety, or legal needs relating to the domestic violence.

**RIGHT TO REFUSE TO RETURN TO WORK OR TO REFUSE SUITABLE WORK DUE TO COVID-19**

If you are considered high-risk, or live with someone who is considered high-risk, for COVID-19, and refuse to return to work, it is possible you may not be disqualified. The Center for Disease Control (CDC) and the Kansas Department of Health and Environment (KDHE) provided guidance to identify persons at higher risk for severe illness from COVID-19. KDOL will use this guidance to identify categories of high-risk individuals. If you are not considered high-risk for COVID-19, or do not reside with someone considered high-risk for COVID-19 and refuse to return to work, then you may be disqualified for benefits.

KDOL will also consider whether the work environment has necessary safety measures in place for COVID-19, including whether the employer is taking appropriate measures to safeguard employee health and safety by allowing teleworking, or by providing personal protective equipment, practicing social distancing, disinfecting and cleaning practices, and following all Federal, State, and local laws and guidelines. Information can be found at <https://covid.ks.gov/reopen-page/>.

**NOTICE OF DETERMINATION AND CONTESTING A DENIAL OF BENEFITS**

After reviewing all information, an examiner will issue a Notice of Determination to your mailing address of record. The Notice of Determination will notify you of whether you have been found qualified or disqualified to receive unemployment benefits. The examiner's determination is final sixteen (16) days after it is mailed unless you file an appeal. If you disagree with the examiner's determination and wish to appeal, the Notice of Determination will provide you information on your appeal rights and how to file an appeal.