



**Discharge – ABSENTEEISM AND TARDINESS**

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining the claimant’s eligibility for Unemployment Insurance.

Claimant Name: \_\_\_\_\_ Last 4 Digits of Claimant’s Social Security #: \_\_\_\_\_

Employer Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Representative Title: \_\_\_\_\_ Date completed Questionnaire: \_\_\_\_\_

Are you authorized to provide a statement on behalf of the company?  YES  NO

**Employer Statement**

1. What was the claimant’s last physical date of work (mm/dd/yyyy)? \_\_\_\_\_

2. What date was the claimant fired/discharged (mm/dd/yyyy)? \_\_\_\_\_

3. Who discharged the claimant? Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

4. Why was the claimant discharged?  Absenteeism  Tardiness  Both

5. When was the claimant’s last absence or tardiness (mm/dd/yyyy)? \_\_\_\_\_

a. If there is a gap in time between the date of the final absence/tardiness and the date of the discharge, please explain why you waited to discharge the claimant.

6. When was the claimant due into work on that day? \_\_\_\_\_

7. Did the claimant call or notify you that they would be late or unable to report to work on that day?  YES  NO

a. If yes, when did they call or notify you (Date and Time)? \_\_\_\_\_

b. If yes, who did the claimant speak to when reporting the absence/tardiness? \_\_\_\_\_

c. What was the reason given for the absence/tardiness? \_\_\_\_\_

d. Did the call-in follow proper procedure?  YES  NO

If no, please explain: \_\_\_\_\_

8. Is there a company policy regarding absenteeism and/or tardiness?  YES  NO

If yes, what is the specific policy?

If yes, was the claimant aware of the policy?  YES  NO

a. If yes, how was the claimant made aware of the policy?

Bulletin Board  Email  Handbook/Handout

Verbally  Video  Not Informed

Rhode Island Department of Labor and Training  
**Unemployment Insurance - Central Adjudication Unit**  
P.O. Box 20067, Cranston, RI 02920  
Fax: 401-462-8318

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Employer Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

9. Has there been any other prior incident or incidents of absenteeism or tardiness?  YES  NO

If yes, please provide details and date(s):

If yes, was the claimant previously warned for any prior absences or tardinesses?  YES  NO

a. If yes, provide date of last warning (mm/dd/yyyy): \_\_\_\_\_

i) Type of Warning:  Verbal  Written  Final

ii) Provide details of last warning:

iii) Name and title of person who issued the last warning:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

10. Provide details of any other warnings issued to the claimant. Include the dates and the name (s) of the individual(s) who issued the warning(s). If the claimant did not have any prior warnings, indicate "None".

11. Enter any additional information you feel may be necessary:

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true.  YES  NO

Signature: \_\_\_\_\_