



Discharge – DAMAGING COMPANY PROPERTY

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?

5. When did the incident of damage to the employer's property occur (mm/dd/yyyy)? _____

6. When did you become aware of the incident (mm/dd/yyyy)? _____

a. If there is a gap in time between the date you became aware of the issue and the date of the discharge, please explain why you waited to discharge the claimant.

7. How was it determined that the claimant damaged company property?

- Admission Camera Witness Other

a. If witnessed, who witnessed the event? _____

b. If Other, please specify: _____

8. How did the claimant damage the property?

9. Do you feel it was intentional damage? YES NO

If yes, why do you feel it was intentional? _____

10. What was the monetary damage? _____

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: _____

11. Is there a company policy regarding damaging company property? 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

12. Has there been any other prior incident or incidents of damage to property? YES NO

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

If yes, was the claimant previously warned for any prior damage? 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: _____

13. 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".

14. 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: _____