



Discharge – INVOLUNTARY RETIREMENT

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: _____

Last 4 Digits of your Social Security #: _____ Date completing questionnaire: _____

Claimant Statement

1. What was your last physical date of work (mm/dd/yyyy)? _____

2. Were you told you had to retire? YES NO

If no, what reason were you given for your separation?

If yes: Who notified you that you had to retire? Name: _____

Title: _____

When were you notified that you had to retire (mm/dd/yyyy)? _____

What reason did your employer give you when notifying you to retire?

3. Does the employer have a policy regarding the reason for your separation? YES NO

If yes, were you aware of the policy? YES NO

If yes, what is your understanding of this policy?

How were you made aware of the policy?

- Bulletin Board Email Handbook/Handout
 Verbally Video Not Informed

4. Did you receive any warning(s) related to your reason for separation? 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: _____

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

6. Did you receive severance pay? Do not include unpaid vacation/sick days or bonuses or commissions that may be due. YES NO

a. If yes, how much severance pay did you receive? _____

How many weeks does the severance pay represent? _____

7. Are you eligible for a pension? YES NO

a. If yes, are you applying for your pension? Yes No

If yes, when are you applying for the pension (mm/dd/yyyy)? _____

8. 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: _____