



Discharge – REFUSING ASSIGNED DUTIES

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. When were you fired/discharged(mm/dd/yyyy)? _____

3. Who discharged you? Name: _____

Title: _____

4. What specific reason did the employer give you for being discharged?

5. Did you refuse to perform your job duties? YES NO

If yes, a. What assigned duty did you refuse to perform?

b. Why did you refuse to perform the job duty?

c. What reason did you give your employer for refusing to perform the job duty?

If no: a. What assigned duty does the employer feel you failed to perform?

6. Did you perform this duty for the employer in the past? YES NO

7. Were you informed at the time of hire that you would perform this duty? YES NO

8. Does the employer have a policy regarding performance of job duties? YES NO

If yes, what is your understanding of this policy?

How were you made aware of the policy?

- | | | |
|--------------------------------------|-----------------------------|--|
| <input type="radio"/> Bulletin Board | <input type="radio"/> Email | <input type="radio"/> Handbook/Handout |
| <input type="radio"/> Verbally | <input type="radio"/> Video | <input type="radio"/> 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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9. Has there been a prior incident or incidents where you refused to perform a job duty? YES NO

If yes, provide details and dates:

If yes, were you previously warned for any prior issues of refusing to perform a job duty? YES NO

If yes, provide date of 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 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".

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: _____