



Rhode Island Department of Labor and Training
Unemployment Insurance - Central Adjudication Unit

P.O. Box 20067, Cranston, RI 02920

Fax: 401-462-8318

Email: DLT.CAUinterview@dlt.ri.gov



Company Name: _____ Date: _____

Employer Representative Name: _____ Telephone: _____

Employer Representative Title: _____

Claimant Name: _____ Last 4 Digits of Claimant's Social Security #: _____

I, _____, decline to provide a statement to the Department of Labor and Training regarding the issue(s) currently before the Central Adjudication Unit for my former employee _____.

I understand that by declining to provide a statement, the Department will render a decision based only upon the facts present at the time the determination is made and that the department will not contact me to provide a statement.

Signature of company representative