



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

**Discharge – AWAY FROM WORK STATION**

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

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

11. Has there been any other prior incident or incidents of the claimant being away from the work station?  YES  NO  
If yes, please provide details and date(s):

If yes, was the claimant previously warned for any prior any prior issue of being away from the work station?  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: \_\_\_\_\_

12. 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".

13. 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: \_\_\_\_\_