



Discharge – FAILED DRUG TEST

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 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 reason were you given for being discharged:

5. When was the drug test conducted (mm/dd/yyyy)? _____

6. Were you aware of the employer’s drug test policy at the time of hire? YES NO

If yes, what was your date of hire (mm/dd/yyyy)? _____

If yes, how were you notified of the policy?

- Bulletin Board Email Handbook/Handout
 Verbally Video Not Informed

If no, were you informed of the drug policy before you were tested? YES NO

If yes, when were you notified (mm/dd/yyyy)? _____

How were you notified of the policy?

- Bulletin Board Email Handbook/Handout
 Verbally Video Not Informed

7. Which drug(s) did you test positive for? _____

8. Do you agree that you tested positive for drugs? YES NO

If yes, why did you test positive for drugs? Why were the drugs in your system?

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. Did you have a prior instance or instances where you had a positive drug test? YES NO

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

If yes, were you previously warned for any prior drug test failures? 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: _____

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".

9. 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: _____