



Discharge – FALSIFIED COMPANY DOCUMENTS

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 Claimant's Social Security #: _____

Employer Representative Name: _____ Telephone: _____

Employer Representative Title: _____ Date completed Questionnaire: _____

Are you authorized to provide a statement on behalf of the company? YES NO

Employer Statement

1. What was the claimant's last physical date of work (mm/dd/yyyy)? _____

2. What date was the claimant fired/discharged (mm/dd/yyyy)? _____

3. Who discharged the claimant? Name: _____

Title: _____

4. Why was the claimant discharged?

5. When did the claimant falsify documentation (provided date(s), mm/dd/yyyy)? _____

6. When did you become aware that document(s) had been falsified (mm/dd/yyyy)? _____

a. If there is a gap in time between the date you became aware of the falsification and the date of the discharge, please explain why you waited to discharge the claimant.

7. Which document(s) did the claimant falsify?

8. What information was falsified?

9. How was the document falsified?

10. How did you become aware that the document(s) had been falsified?

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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Employer Representative Name: _____ Telephone: _____

11. Did the claimant admit to falsifying the document? YES NO

12. Is there a company policy regarding falsification of documentation? YES NO

If yes, what is the specific policy?

If yes, was the claimant aware of the policy? YES NO

If yes, how was the claimant made aware of the policy?

- Bulletin Board Email Handbook/Handout
 Verbally Video Not Informed

13. Has there been any other prior incident or incidents of falsifying documents? YES NO

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

If yes, was the claimant previously warned for any prior falsifications? 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: _____

14. Provide details of any other warnings issued to the claimant. Include the dates and the name of the individual(s) who issued the warning(s). If the claimant did not have any prior warnings for other issues, indicate "None".

15. 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: _____