



Discharge – UNDER THE INFLUENCE OF INTOXICANTS

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. Were you under the influence of intoxicants at work? YES NO

If yes, why were you under the influence of intoxicants? _____

If yes, when had you last used an intoxicant prior to your discharge?

If no, why does your employer feel that you were under the influence of intoxicants?

6. Were you tested for intoxicants? YES NO

If yes, when was the test conducted and what was the result?

7. Does the company have a policy regarding being under the influence of intoxicants at work? YES NO

If yes, were you aware of this policy? YES NO

If yes, what is your understanding of this policy?

How were you notified of the policy?

- Bulletin Board
- Email
- Handbook/Handout
- Verbally
- Video
- Not Informed

8. Were there any witnesses to your alleged incident of intoxication? YES NO

If yes, who witnessed this? Name: _____

Title: _____

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. Have you entered a drug/alcohol rehabilitation program? YES NO

If yes, when did you enter the program (mm/dd/yyyy)? _____

If yes, when did you leave the program (mm/dd/yyyy)? _____

If yes, did you complete the program? YES NO

10. Has a medical professional diagnosed you with a drug or alcohol addiction? YES NO

NOTE: If yes, please provide a medical note from your doctor indicating this.

11. Has there been any other prior incident or incidents of this nature at work? YES NO

If yes, please provide specific details and dates:

If yes, were you previously warned for the incident(s)? 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: _____

12. 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".

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: _____