



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

P.O. Box 20067, Cranston, RI 02920

Fax: 401-462-8318



Discharge – LICENSE: SUSPENSION OR LOSS

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. Status of claimant's license? Lost/Revoked Suspended Other

If other, please specify:

6. Type of license that was suspended/revoked (e.g. driver's license, CNA license, etc):

7. When was the claimant's license suspended/revoked (mm/dd/yyyy)? _____

8. When did you become aware of the claimant's loss of, or suspension of, their license (mm/dd/yyyy)? _____

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

9. Why was the claimant's license suspended/lost?

10. Did you inform the claimant that a license was a requirement of the job at the time of hire? YES NO

If yes, when was the claimant hired (mm/dd/yyyy)? _____

If no, when was the claimant notified that a license was required (mm/dd/yyyy)? _____

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11. Was there another job that the claimant could have performed pending a reinstatement of his/her license? YES NO

If yes, was another position offered to the claimant? YES NO

If yes, did the claimant accept the new position? YES NO

If yes, what is the status of that position? _____

If no, why didn't the claimant accept the new position?

12. Is there a company policy regarding maintaining a valid license for the job? YES NO

If yes, what is the specific policy regarding the reason for separation?

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(s) loss or suspension of the claimant's license? YES NO

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

If yes, was the claimant previously warned for any prior loss/suspension of license? 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: _____