



Discharge – OTHER

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 discharged (mm/dd/yyyy)? _____

3. Who discharged the claimant? Name: _____

Title: _____

4. What was the final incident that caused the discharge? Be specific and include all dates and relevant details.

5. When was the final incident that caused the discharge (mm/dd/yyyy)? _____

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

6. Is there a company policy that was violated? 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

7. Has there been a prior incident or incidents of the same nature? YES NO

If yes, please provide details and dates:

If yes, was the claimant previously warned for the infraction(s)? 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:

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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iii) Name and title of person who issued the last warning:

Name: _____

Title: _____

8. 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: _____