



Discharge – ABSENT - Failure to Properly Report Absence

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 was the claimant’s last absence that he/she failed to properly report (mm/dd/yyyy)? _____

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

6. When was the claimant due into work on that day? _____

7. Did the claimant call or notify you at any time that they would be unable to report to work on that day? YES NO

a. If yes, when did they call or notify you? (Date and Time)? _____

b. If yes, who did the claimant speak to when reporting the absence? _____

c. What was the reason for the absence?

8. Is there a company policy regarding the proper notification of an absence? YES NO

If yes, what is the specific policy regarding the proper reporting of an absence?

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

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

- | | | |
|--------------------------------------|-----------------------------|--|
| <input type="radio"/> Bulletin Board | <input type="radio"/> Email | <input type="radio"/> Handbook/Handout |
| <input type="radio"/> Verbally | <input type="radio"/> Video | <input type="radio"/> Not Informed |

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. Has there been any other prior incident or incidents of failing to properly report an absence? YES NO
If yes, please provide details and date(s):

If yes, was the claimant previously warned for any failure to properly report an absence? 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 issued to the claimant. Include dates and name(s) of the individual(s) who issued the warning(s). If the claimant did not have any prior warnings, indicate "None"

11. 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: _____