



Discharge – REFUSING ASSIGNED DUTIES

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 last refuse to perform an assigned duty (mm/dd/yyyy)? _____
If there is a gap in time between the date the claimant refused to do the assigned duty and the date of the discharge, please explain why you waited to discharge the claimant.

6. What assigned duty did the claimant refuse to perform?

7. Had the claimant performed this duty in the past? YES NO

8. How was the claimant aware that he/she had to perform the job duty?

9. What reason did the claimant give for refusing to perform the assigned duty?

10. Is there a company policy regarding a refusal to perform a duty? YES NO

If yes, what is the specific policy?

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: _____

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

- Bulletin Board Email Handbook/Handout
 Verbally Video Not Informed

11. Has there been any other prior incident or incidents of a refusal to perform work? YES NO

If yes, provide details and dates:

If yes, was the claimant previously warned for any prior issues of refusing to perform work? 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: _____