



**Discharge – REFUSING OVERTIME**

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. Did you refuse to work overtime?  YES  NO

a. If yes, why did you refuse to work overtime?

6. Were you told at the time of hire that working overtime as needed was mandatory?  YES  NO

7. What was the overtime notification process?

a. Was the process followed for this required overtime that you declined?  YES  NO

8. Did you work overtime in the past for your employer?  YES  NO

9. Does the employer have a policy regarding mandatory overtime, as needed?  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?

- |                                      |                             |  |
|--------------------------------------|-----------------------------|--|
| <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

**Discharge – REFUSING OVERTIME**

Claimant Name: \_\_\_\_\_

Last 4 Digits of your Social Security #: \_\_\_\_\_ Date completing questionnaire: \_\_\_\_\_

10. Did you ever refuse to work required overtime in the past?  YES  NO

If yes, please provide details and dates of prior incidents:

If yes, were you previously warned for any prior issues of refusing to work required overtime?  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: \_\_\_\_\_

11. 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".

12. 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: \_\_\_\_\_