



Discharge – REFUSING OVERTIME

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 refused to work overtime (mm/dd/yyyy)? _____

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

6. What reason did the claimant give for refusing to work overtime?

7. Was the claimant notified at the time of hire that he/she would be required to work overtime as needed? YES NO

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

8. What was the overtime notification process?

a. Was the process followed in the last overtime request? YES NO

If no, why wasn’t it followed?

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: _____

9. Is there a company policy regarding the requirement to work overtime? 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

10. Has there been any other prior incident or incidents of the claimant refusing overtime? YES NO

If yes, provide details and dates:

If yes, was the claimant previously warned for any prior refusals of 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 the company 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: _____