



Discharge – SLEEPING ON THE JOB

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. What was the final incident that caused the claimant's discharge?

5. When did this incident occur(mm/dd/yyyy)? _____

6. When did you become aware of the issue (mm/dd/yyyy)? _____

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

7. How was it determined that the claimant was sleeping on the job?

- Eyes Closed Head Down Lying Down Other

If other, please specify: _____

8. Were there any witnesses? YES NO

a. If yes, who witnessed the claimant sleeping on the job? _____

NOTE: Obtain a witness statement and provide to the department, if available

9. Did the claimant admit to sleeping on the job? YES NO

10. Is there a company policy regarding sleeping on the job? YES NO

If yes, please provide details of 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

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: _____

11. Has there been any prior incident or incidents of sleeping on the job? YES NO

If yes, provide details and dates:

If yes, was the claimant previously warned for the prior incident(s) of sleeping on the job? 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 issued to the claimant. . 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: _____