



Discharge – STEALING

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 remove property without authorization(mm/dd/yyyy)? _____

6. From whom did the claimant remove property?

- Company Co-Worker Client Other

If other, please specify: _____

7. What was removed:

8. When did you become aware of the theft (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.

9. How did you become aware of the theft?

10. Were there any witnesses? YES NO

a. If yes, who witnessed the theft? Name: _____
 Title: _____

If witnessed, do you have a witness statement? YES NO

If no, can you obtain a witness statement? YES NO

If yes, please forward statement to the department

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. Did the claimant admit to the theft? YES NO

If yes, did the claimant give a reason for the theft? YES NO

If yes, what reason did the claimant give?

12. What was the value of the item(s) taken? _____

13. Is there a company policy regarding removal of property without authorization? YES NO

If yes, what is the specific policy regarding the removal of property?

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

14. Has there been any prior incident(s) of the claimant removing property? YES NO

If yes, provide details and dates:

If yes, was the claimant previously warned warned for removing property? 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: _____

15. 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".

16. 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: _____