



Discharge – SUSPENSION (Unpaid)

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. What date were you suspended (mm/dd/yyyy)? _____
3. What was the final incident that caused your suspension? Be specific and include all details pertaining to the reason you were suspended.

4. What was the date of the final incident that caused the suspension? (mm/dd/yyyy)? _____
5. Is the suspension paid or unpaid? PAID UNPAID
 - a. If paid, please indicate amount of money you are receiving and how often: _____
6. When is the suspension scheduled to end (Select One)? Date(mm/dd/yyyy): _____ Unknown
7. Is there a company policy regarding the reason you were suspended? YES NO

If yes, were you aware of the policy? YES NO

 - a. If yes, how were you made aware 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
8. Has there been any other prior incident or incidents of this same nature? YES NO

If yes, provide date of last 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: _____

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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9. 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."

10. 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: _____