



**Discharge – SUSPENSION (Unpaid)**

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 suspended (mm/dd/yyyy)? \_\_\_\_\_

3. Who suspended the claimant? Name: \_\_\_\_\_

Title: \_\_\_\_\_

4. What was the final incident that caused the suspension? Be specific and include all dates and relevant details.

5. When was the final incident that caused the suspension (mm/dd/yyyy)? \_\_\_\_\_

a. If there is a gap in time between the date of final incident and the date of the suspension, please explain why you waited to suspend the claimant.

6. Is the suspension paid or unpaid?  PAID  UNPAID

a. If paid, please indicate amount of money claimant is receiving and how often: \_\_\_\_\_

7. When is the suspension scheduled to end (Select One)?  Date(mm/dd/yyyy): \_\_\_\_\_  Unknown

8. Is there a company policy regarding the reason for the suspension?  YES  NO

If yes, what is the specific policy regarding the infraction?

If yes, was the claimant aware of the policy?  YES  NO

a. 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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Claimant Name: \_\_\_\_\_ Last 4 Digits of Claimant's Social Security #: \_\_\_\_\_  
Employer Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

9. Has there been any other prior incident or incidents of this same nature?     YES     NO

If yes, please provide details and date(s) of the prior incident(s):

If yes, was the claimant previously warned for the infraction(s)?     YES     NO

a) 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: \_\_\_\_\_

10. Provide details of any other warnings issued to the claimant. Include dates and name(s) of the individual(s) who issued the warning(s). If the claimant did not have any prior warnings, indicate "None".

11. 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: \_\_\_\_\_