



Discharge – AWAY FROM WORK STATION

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. When were you fired/discharged (mm/dd/yyyy)? _____

3. Who discharged you? Name: _____

Title: _____

4. What reason were you given for being discharged:

5. Were you away from your work station? YES NO

If yes, why were you away from your work station?

If yes, where did you go? _____

If no, why does the employer feel you were away from your station?

6. Does the employer have a policy regarding leaving the workstation? YES NO

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

If yes, what is your understanding of this policy?

How were you notified 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 |

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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7. Has there been a prior incident or incidents when you were away from your workstation? YES NO

If yes, please provide details and date(s):

If yes, were you previously warned for any other issues of being away from your workstation? 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: _____

8. 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".

9. 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: _____