



Discharge – FAILED DRUG TEST

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. What was the date when the claimant failed the drug test (mm/dd/yyyy)? _____

6. When did you become aware that the claimant failed the drug test(mm/dd/yyyy)? _____

a. 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. What is the specific company policy regarding drug testing?

8. Was the claimant notified at time of hire that he/she could be drug tested? YES NO

If yes, how was the policy told to the claimant?

- Bulletin Board Email Handbook/Handout
 Verbally Video Not Informed

If yes, what date was the claimant hired (mm/dd/yyyy)? _____

If no, did you announce the drug test policy before you tested the claimant? YES NO

If yes, how was the policy told to the claimant?

- Bulletin Board Email Handbook/Handout
 Verbally Video Not Informed

If no, why didn't you notify claimant of the policy?

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: _____

9. Which drug(s) did the claimant test positive for? _____

10. Did the claimant admit to doing drugs? YES NO

11. Has there been any other prior incident or incidents of a failed drug test? YES NO

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

If yes, was the claimant previously warned for any prior drug test failure? 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: _____

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 the claimant did not have any prior warnings for other issues, 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: _____