



### Discharge – UNDER THE INFLUENCE OF INTOXICANTS

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. What was the specific final incident that caused the claimant's discharge?

5. When did this incident occur (mm/dd/yyyy)? \_\_\_\_\_

6. Where was the claimant allegedly under the influence of intoxicants? \_\_\_\_\_

7. When did you become aware of the issue (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.

8. Why do you feel that the claimant was under the influence of intoxicants?

9. Was the claimant tested for intoxicants?  YES  NO

If yes, when was the test conducted and what was the result?

10. Were there any witnesses to the final incident?  YES  NO

a. If yes, who witnessed the incident? 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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Claimant Name: \_\_\_\_\_ Last 4 Digits of Claimant's Social Security #: \_\_\_\_\_

Employer Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

11. Did the claimant admit to being under the influence of intoxicants?  YES  NO

12. Was this a violation of a company policy?  YES  NO

If yes, please provide specific details of the policy:

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

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

If yes, provide specific details and dates:

If yes, was the claimant previously warned for the prior incident(s)?  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: \_\_\_\_\_

14. 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".

15. 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: \_\_\_\_\_