



Discharge – INVOLUNTARY RETIREMENT

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. The claimant filed indicating that he/she was involuntarily retired by the employer. Is this correct? YES NO

If yes, what date did the employer ask the claimant retire (mm/dd/yyyy)? _____

If yes, what was the reason for the involuntary retirement?

If no, what was the reason for the separation? Please be specific.

3. Is there a company policy regarding the reason for the separation? YES NO

If yes, what is the specific policy regarding the reason for separation?

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

4. Did the claimant receive any warning(s) related to the reason for separation? 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: _____

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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5. 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".

6. Did the claimant receive any severance pay? Do not include unpaid vacation/sick days or bonuses or commissions that may be due. YES NO

If yes, how much severance pay did the individual receive? _____

How many weeks does the severance pay represent? _____

7. Is the claimant eligible for a pension? YES NO

If yes, when will the claimant begin to collect the pension (mm/dd/yyyy)? _____

8. 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: _____