



Discharge – JOB PERFORMANCE

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 specific reason did the employer give you for being discharged?

5. What final incident occurred regarding your work that caused the employer to discharge you?

6. Did you feel that you were capable of performing your job duties? YES NO

7. Did the employer have a company policy regarding job performance? YES NO

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

If yes, what is your understanding of this policy?

How were you made aware of the policy?

- Bulletin Board Email Handbook/Handout
 Verbally Video Not Informed

8. Has there been any other prior incident or incidents of poor job performance on your part? YES NO

If yes, please provide details and dates of prior incidents:

If yes, were you previously warned for the incident(s)? YES NO

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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Last 4 Digits of your Social Security #: _____ Date completing questionnaire: _____

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: _____

9. 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".

10. 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: _____