



Discharge – JOB PERFORMANCE

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 final incident?

a. If there is a gap in time between the final incident and the date of the discharge, please explain why you waited to discharge the claimant.

6. Did you feel that the claimant was capable of performing the job duties? YES NO

7. Do you consider the job performance issue(s) to be a result of claimant misconduct? YES NO

NOTE: If the answers to 6 and 7 are "No", you do not need to complete questions 8-10.

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

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

If yes, was the claimant previously warned for any job performance issues? YES NO

a. If yes, provide date of last warning (mm/dd/yyyy): _____

i) Type of Warning: Verbal Written Final

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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ii) Provide details of last warning:

iii) Name and title of person who issued the last warning:

Name: _____

Title: _____

10. 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".

11. 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: _____