



**Discharge – OTHER**

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. What date were you discharged (mm/dd/yyyy)? \_\_\_\_\_
3. What was the final incident that caused your discharge? Be specific and provide all details pertaining to the reason you were suspended.

4. What was the date of the final incident that caused your discharge (mm/dd/yyyy)? \_\_\_\_\_

5. Is there a company policy that you violated?  YES  NO

If yes, what is the specific policy? \_\_\_\_\_

If yes, how were you made aware of the policy?

- Bulletin Board    Email    Handbook/Handout    Verbally    Video    Not Informed

6. Has there been a prior incident or incidents of this same nature?  YES  NO

If yes, please provide details and dates:

If yes, were you previously warned for the infraction(s)?  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: \_\_\_\_\_

7. 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".

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: \_\_\_\_\_