



**Discharge – UNAUTHORIZED USE OF COMPANY PROPERTY**

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. Did you use company property without authorization?  YES  NO

If yes, what was the property you used? \_\_\_\_\_

If yes, what did you use the property for? \_\_\_\_\_

If yes, why did you use the property without authorization?

If no, why does the employer feel that you used company property without authorization?

6. Does the employer have a policy regarding the use of company property?  YES  NO

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

If yes, what is your understanding of this policy?

How were you notified of the policy?

- Bulletin Board       Email       Handbook/Handout
- Verbally       Video       Not Informed

7. Has there been a prior incident(s) where you use company property without authorization?  YES  NO

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

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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If yes, were you previously warned for that prior incident of using property?  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: \_\_\_\_\_

8. 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".

9. 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: \_\_\_\_\_