



Discharge: Under the Influence of Intoxicants

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 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. When did this incident occur (mm/dd/yyyy)? _____

6. Where was the claimant allegedly under the influence of intoxicants? _____

7. When did you become aware of the issue (mm/dd/yyyy)? _____ If there is a gap in time between the date you became aware of the issue and the date of the discharge, please explain why you waited to discharge the claimant.

8. Why do you feel that the claimant was under the influence of intoxicants?

9. Was the claimant tested for intoxicants?

YES NO

If yes, when was the test conducted and what was the result?

10. Were there any witnesses?

YES NO

a. If yes, who witnessed the final incident?

Name: _____

Title: _____

If witnessed, do you have a witness statement?

YES NO

If no, can you obtain a witness statement?

YES NO

If yes, please forward statement to the department

11. Did the claimant admit to being under the influence of intoxicants?

YES NO

12. Is there a company policy regarding being under the influence of intoxicants?

YES NO

If yes, please provide details of policy?

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

13. Has there been any prior incident or incidents of incidents of this nature?

YES NO

If yes, provide details and dates:

If yes, was the claimant previously warned for the prior incident(s) of sleeping on the job?

YES NO

a. 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: _____

14. 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".

15. 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: _____ Date: _____

English

Important! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (401) 415-6772** for assistance in the translation and understanding of the information in this document.

American Sign Language

Important! Please visit here for ASL version of this document: https://www.youtube.com/channel/UCQuwufqdfDDY3cLU3nyH_w/videos

Spanish / Español

¡Importante! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (401) 415-6772** para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional / 繁體中文

重要須知! 本文件包含 **重要資訊**, 事關您的權利、責任, 和/或福利。請您務必理解本文件所含資訊, 而我們也將使用您偏好的語言, 無償為您提供資訊。請致電 **(401) 415-6772** 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese / Việt

Lưu ý quan trọng! Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/ hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (401) 415-6772** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog / Tagalog

Mahalaga! Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (401) 415-6772** upang humingi ng tulong sa pagsasaling-wika at pag-unawa sa impormasyong nasa dokumentong ito.

Arabic / العربية

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French / Français

Important ! Ce document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos allocations. Il est essentiel que vous compreniez les informations contenues dans ce document, et nous vous fournirons gratuitement ces informations dans la langue de votre choix. **Appelez le (401) 415-6772** pour obtenir de l'aide pour traduire et comprendre les informations contenues dans ce document.

Haitian Creole / Kreyòl Ayisyen

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Portuguese / Português

Importante! Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (401) 415-6772** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Russian / русский

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Korean / 한국어

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