

Utah Department of Workforce Services  
Unemployment Insurance  
**Claimant Statement of  
Job Discharge**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

On the claim for unemployment benefits you recently filed, you advised the Department of Workforce Services you were discharged from your job. You must complete this form and return it within 10 days in order for a decision to be made on your claim. **RETURN TO: Utah Department of Workforce Services, P.O. Box 45266, Salt Lake City, UT 84145-0266, Phone 801-526-4400 or Fax 801-526-4402. Please do not send a cover sheet.**

1. Company name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How long employed? \_\_\_\_\_

Last date worked: \_\_\_\_\_ Type of work performed: \_\_\_\_\_ Pay rate: \_\_\_\_\_

Who discharged you? Name: \_\_\_\_\_ Title: \_\_\_\_\_

What reason were you given? \_\_\_\_\_

2. Explain what happened, including the final incident, to cause the discharge: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Had this happened before [ ] Yes [ ] No If "Yes," when? \_\_\_\_\_

What could you have done to prevent the incident or situation causing the discharge? \_\_\_\_\_

After the final incident, were you discharged [ ] The same day? [ ] Later? When? \_\_\_\_\_

Utah Department of Workforce Services  
Unemployment Insurance  
**Claimant Statement of  
Job Discharge**

3. Were you told to change your conduct or improve your job performance? [ ] Yes [ ] No

How (verbal, written, or both)? \_\_\_\_\_ When (give dates)? \_\_\_\_\_

What were you told? \_\_\_\_\_

4. If you were discharged for violating a company policy, what was this policy? \_\_\_\_\_

\_\_\_\_\_

Did you know about the policy? [ ] Yes [ ] No

How did you violate the policy? \_\_\_\_\_

Have other employees been fired for the same reason? [ ] Yes [ ] No [ ] Don't know

5. Were you discharged for attendance problems? [ ] Yes [ ] No

If "Yes," how many times were you late or absent? \_\_\_\_\_

Explain your reasons for missing work. \_\_\_\_\_

Did you call your employer when absent or late? [ ] Always [ ] Usually [ ] Seldom [ ] Never

6. Were you discharged for any alleged illegal activity? [ ] Yes [ ] No

If "Yes," what activity? \_\_\_\_\_

Have you been charged with a crime related to your discharge? [ ] Yes [ ] No

If "Yes," what is the current status of this charge? \_\_\_\_\_

7. Have you admitted guilt or been convicted in court for this activity? [ ] Yes [ ] No

If "Yes," where and when? \_\_\_\_\_

What other facts would you like to present about your discharge to be considered in a decision on your eligibility?

\_\_\_\_\_

Phone number where you can be reached if we need more information (\_\_\_\_\_)\_\_\_\_\_

I CERTIFY the information on these pages is true, correct, and complete. I have made these statements to obtain unemployment benefits, knowing the law provides penalties for false statements or withholding material facts.

Signature \_\_\_\_\_ Date \_\_\_\_\_