

UTAH DEPARTMENT OF WORKFORCE SERVICES
Unemployment Insurance
CLAIMANT STATEMENT OF JOB DISCHARGE



Name _____ SS # _____

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? _____

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

If "yes," where and when? _____

7. 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 () _____

USE OTHER SIDE IF YOU NEED MORE SPACE FOR YOUR ANSWERS

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

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

[] Rebuttal offered [] Not needed

[] Allowed [] Denied Sec. _____ Eff. _____ [] Charged [] Not charged

Knowledge: _____

Culpability: _____

Control: _____

Reasoning statement: _____

Dept. Repr. _____ Employee # _____ Date _____