



Holiday Pay Questionnaire – Claimant

Claimant Information:

Last Name: _____ First Name: _____ MI: _____
 ID or SSN: _____

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

Under Section 402 of the Illinois Unemployment Insurance Act, an individual's weekly benefit amount may be reduced for the week in which the holiday payment is received. The information you provide will be used for the purpose of determining your eligibility for benefits.

Please complete sign and return this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

Section A: Holiday Pay Information			
Please provide information about the employer who is paying the holiday pay.			

Employer Name: _____			
Address: _____		Address 2: (Apt., Floor, Suite, etc.) _____	
City: _____	State: _____	Zip Code: _____	
Employer Telephone Number: () - Ext.: _____			
Did you receive holiday pay for any date after the effective date of your claim?		Yes	No
Below, indicate the date of each holiday and gross amount of payment received per day.			

Date of Holiday	/	/	Gross Wages Earned \$.
Date of Holiday	/	/	Gross Wages Earned \$.
Date of Holiday	/	/	Gross Wages Earned \$.
Date of Holiday	/	/	Gross Wages Earned \$.
Is the holiday pay being applied to the week in which the holiday occurs or is celebrated?		Yes	No
Is there a labor management agreement or does the employer have a pay plan which stipulates the holiday pay will be applied to date(s) in a different week?		Yes	No
If Yes, provide the date(s) / / / / / / /			
Section B: Signature			
Signature: _____		Date: / /	
Name (Printed or Typed): _____		Daytime Telephone Number: () -	