



Benefit Charging 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 1502 of the Illinois Unemployment Insurance Act, an employer's benefit wages shall be the wages paid by him which became benefit wages. Please provide information about your employment for the past 18 months.

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: Employment Information What is the name(s) of your employer(s) during the past 18 months?
List employer information starting with the most recent employer.
Employer Name: _____ Start Date: / / End Date: / / Total Days Worked: (including partial days) Reason for Separation: Laid off Discharged Quit Labor Dispute Still Working Military Discharge Work Location: _____ Additional Facts Related to the Employment (Comments) _____
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Section B: Signature
Signature: _____ Date: _____ Name (printed): _____ Telephone Number: _____