



**Notice of Labor Dispute OR
Request for Labor Dispute Status Questionnaire - Employer**

Employer Name:

Illinois Account #:

Labor Dispute ID:

Under Section 604 of the Illinois Unemployment Insurance Act, an individual shall be ineligible for benefits for any week, with respect to which it is found that his/her unemployment is due to an interruption of work due to a labor dispute. The information you provide will be used for the purpose of determining the claimant's eligibility for benefits.

It has been reported that there has been an interruption of work at your company resulting from a possible labor dispute. For further information regarding your responsibilities and reporting requirements please see 56 Ill. Adm. Code 2720.130 (d)(3).

The department is in the process of gathering the information necessary for the Claims Adjudicator to determine the eligibility of those workers involved in the labor dispute that have filed a claim for unemployment insurance benefits.

If you have filed the required list of workers affected by the labor dispute, "Report of Workers Affected by Labor Dispute", another list is not necessary at this time. However, if the required list has not been filed, you must do so immediately in order to be in compliance with 56 Ill. Adm. Code 2720.130 (d)(3).

Please complete, sign and return this questionnaire as instructed to:

Illinois Department of Employment Security
Labor Dispute Section 9th Floor
33 South State Street
Chicago, IL 60603

If you need additional space please use the other side of this document, if appropriate or attach a separate sheet of paper.
If any questions cannot be answered because the information is not readily available, please indicate this on the form, and supply this information as soon as it is obtained. Please include a copy of the labor management agreement involved with this labor dispute.

If the labor dispute has been settled, please provide the dates when an agreement was reached and when members of the union returned to work for the company. If it is more convenient, you can simply complete and return the enclosed Labor Dispute Questionnaire. If the labor dispute is still unresolved, please indicate on the questionnaire whether or not there is still interruption of work resulting from the continuing controversy.

If the questionnaire is not returned, a determination regarding the workers' eligibility for Unemployment Insurance Benefits will be made based on the available information.

Section A: Employment Information

Employer Name:

Employer Telephone: () -

Employer Fax: () -

Address 1:

Address 2: (Apt., Floor, Suite, etc.)

City:

State:

Zip Code:

Location(s) (Plant(s) or job site(s) of labor dispute, if other than above)

Section B: Union Information

Title and Local Number:

Telephone Number:() -

Name and Title of Official:

Fax Number:() -

Address 1:

Address 2: (Apt., Floor, Suite, etc.)

City:

State:

Zip Code:

Include the information for all unions directly or indirectly involved, including the job classification(s) of the workers they represent. Use the back of this questionnaire if necessary or attach a separate sheet.

Section C: Labor Dispute Information

What is the nature of the business?

Please select one option on next page.

There is no labor dispute

An interruption of work began because of a (Select one) Strike Lockout

What is the strike or lockout date? / /

What is the disagreement over?

On what date did the contract expire? / /

Job classification(s) of workers represented by the union directly involved in the dispute

Normal number of workers at plant or job site

Number of workers unemployed because of the strike or lockout

To what extent are your business operations affected (manufacturing, volume or sales, etc)? %

Please select one option below.

Not settled as of / /

Labor Dispute settled on / /

Interruption of work ceased, employees returned to work on / /

If there was a delay between the date of settlement of the labor dispute and the date employees returned to work, give reasons for the delay.

Section D: Picketing Information

Was there picketing? Yes No If Yes, by whom?

How long?

Was there force, violence, or other obstructive activities on the Picket Line? Yes No *If Yes, describe such activity.*

Section E: Sympathy Striker Information

Did you employ any workers who are not members of the union directly involved in the Labor Dispute? Yes No

If yes, what are their job classifications?

Did any of these workers refuse or fail to work? Yes No

What are the reasons given by them, if any, for such failure to work?

Did they involve themselves in the labor dispute or strike activities, other than by failing or refusing to cross the picket lines? Yes No

Please give specific facts or evidence.

Section F: Continuing Work Information

Could work have been provided for the above workers in the absence of the workers directly involved in the dispute? Yes No If Yes, for how long?

Were any of these workers laid off? Yes No If Yes, when? / /

What was the job classification(s) of laid off workers?

Did any workers continue in employment during this period? Yes No

List the job classification(s) of laid off workers.

Section G: Interview Information

In addition to submitting this form, if you or any person designated by you who has knowledge of the facts, wish to present additional facts to the Claims Adjudicator in person, please indicate 'Yes' in the question below. Your failure to request this opportunity will not affect any established right you may have to file an appeal from any determination with which you may disagree.

Do you wish to present additional facts to the Claims Adjudicator? Yes No

Arrangements will be made for interviews in Chicago regarding labor disputes in the Chicago Metropolitan Area or the local office most convenient for you, or at a mutually agreeable location.

Section H: Signature I certify that the information contained herein is true and correct.

Signature: Title: Date:

Name: (Printed or Typed) Telephone Number Ext: