State of Illinois
Department of Employment Security

Phone: TTY:
Fax:

www.ides.state.il.us

Date Mailed:

Appeal Due Date:

Claimant SSN:

Claimant Name:

Notice of Employer Benefit Charges

In connection with the claim for unemployment insurance benefits filed by the above named claimant, the following decision has been made with respect to your chargeability. :

You previously received a Notice of Claim to the Last Employer which designated you as the benefit chargeable employer on this claim. The claims adjudicator now decides that you are not the last employer subject to benefit charges. Any benefit charges resulting from this claim will be removed from your account.

- ☐ You did not employ the claimant for 30 days from the beginning of (his/her) base period through the beginning of the benefit year.
- ☐ You are not the single employer who paid wages to the claimant which resulted in (his/her) requalification.
- ☐ The claimant voluntarily quit without good cause attributable to the employing unit.
- ☐ The claimant was discharged for misconduct connected with his/her work.
- ☐ The claimant refused to accept an offer of work or to apply for work without good cause.
- ☐ _____

You have established party status to the Representative's decision under Rule 2765.335.

If you desire any further information concerning this claim, please communicate with the IDES Representative at the local office or phone number indicated on this form.

_____
Representative

Routing: ☐ Employer Copy ☐ Local Office Copy

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