State of Illinois
Department of Employment Security

Phone: TTY:
Fax:

www.ides.state.il.us

Date Mailed:

Appeal Filed Date:

Claimant SSN:

Claimant Name:

Notice of Employer Benefit Charges

You previously received a notice 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 employed the claimant for 30 days from the beginning of (his/her) base period through the beginning of the benefit year.
- ☐ You are the single employer who paid wages to the claimant which resulted in (his/her) requalification.
- ☐ The claimant voluntarily quit with good cause attributable to the employing unit.
- ☐ The claimant was discharged not for misconduct connected with (his/her) work.
- ☐ The claimant refused to accept an offer of work or to apply for work with good cause.
- ☐ The claimant is not ineligible pursuant to Section 612 of the Illinois Unemployment Insurance Act.
- ☐ The claimant is not ineligible pursuant to Section 614 of the Illinois Unemployment Insurance Act.
- ☐ _____

Therefore, under Section 1502.1 of the Illinois Unemployment Insurance Act, you are subject to the benefit charges from any benefits paid during the claimant's benefit year.

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

APPEAL RIGHTS: If you disagree with this decision, you may file an appeal in person or by mail. Your appeal must be filed in this office within thirty (30) days after the date of this notice. Any appeal submitted by mail must bear a postmark date within this time limit. If the last day for filing your appeal is a day that the office is closed, the appeal may be filed on the next day the office is open.

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

Print