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State of Illinois
Department of Employment Security

Disqualification Request (Appeals)

Dated: _____

Claimant ID/SSN: _____

Docket No: _____

In accordance with the provisions of 56 Ill. Adm. Code 2720.15 and 2725.15, *(Check One)* (☐ Claimant ☐ Employer),

in the above referenced Docket number, hereby requests that the *(Check One)* (☐ Referee ☐ Director's Representative)

be disqualified from participation in this matter.

The disqualification is required for the following reasons:

I certify that a copy of this Disqualification Request was served on all parties.

Signature (Claimant / Employer)

Signature (Attorney / Representative) For (Claimant / Employer)

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Illinois Department of Employment Security
33 South State Street
8th Floor
Chicago, Illinois 60603-2802
www.ides.illinois.gov
Chicago: 1-800-821-3550 Springfield: 1-800-423-2458
Fax: 1-312-793-1119 Fax: 1-217-524-7824