



**Rehearing Request (Appeals)**

Dated:

Claimant ID/SSN.:

Docket No.:

A hearing on the above reference Docket Number was scheduled for \_\_\_\_\_, at \_\_\_\_\_ . The hearing was  
scheduled before Hearing Referee \_\_\_\_\_ (Date) \_\_\_\_\_ (Time) . In accordance with the provisions of  
56 Ill. Adm. Code 2720.255(e), the (Check One) ( \_\_\_\_\_ Claimant \_\_\_\_\_ Employer), Hereby requests that this matter be set for  
rehearing to a date and time certain. The failure to appear at the date, time and place originally set for hearing was due to:

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

Signature \_\_\_\_\_ (Claimant / Employer)

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

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