



**Withdrawal (Appeals)**

Dated:

Claimant ID/SSN.:

Docket No.:

In accordance with the provisions of 56 Ill. Adm. Code 2720.235, I  
(Type or Print Name)

(Check One) ( Claimant Employer), the Appellant in the above referenced Docket Number, hereby voluntarily

Withdraws the appeal filed with the Illinois Department of Employment Security on  
(Date)

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

Signature (Claimant / Employer)

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

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