Not Actively Seeking Work and A&A Questionnaire - Employer

IDEC
IL/LO
ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

Claimant Information:

Last Name:

First Name:

MI:

Employer Name:

Employer Account #:

Under Section 500 of the Illinois Unemployment Insurance Act, an unemployed individual shall be eligible to receive benefits with respect to any week only if he/she is able to work, available for work and actively seeking work. The information you provide will be used for the purpose of determining the claimant's eligibility for benefits.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security Office as instructed. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

Section A: Claimant's Employment History				
What type of work did the claimant do while in your em	ployment?			
What were the claimant's dates of employment? Fro	m: / /	То: /	/	
What was the claimant's final rate of pay? \$	Per (Hr/Week/Mc	/Etc.)		
What hours did the claimant work? From: :	AM PM To:	: A	M PM	
The claimant is not: (Check all that apply) Able t	o Work Available for Work	Actively S	eeking Work	
How did this come to your attention?				
Section B: Temporary Help Firm Information Wo	n B: Temporary Help Firm Information Work Search Information For		Through	
Are you a temporary help firm?		Yes	No	
If Yes, please complete the following questions. If No	, please skip to Section C, no furthei	r questions are req	juired.	
During the period from through	did the claimant contact you	? Yes	No	
If No, please explain:				
If No, please skip to Section C, no further questions	are required.			
If Yes, on what date did the claimant contact you?	/ /			
What was the method of contact?				
Who was the person contacted?				
What instructions were given to the claimant?				
What is your policy in regards to availability reporting	ıg?			
Section C: Signature				
Signature:	Title:	Date:		
Name: (printed)	Telephone Number:		Ext.	