



Application for Revision

Employer Name:

Employer Account #: _____ Statement Period: _____ to _____

Please complete, sign and return this form to the Illinois Department of Employment Security office as instructed.

Note: If additional space is needed, please make additional copies of this form.

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 affect the amount of your liability for contributions or payments in lieu of contributions.

Section A: Benefit Charge Protest(s)				
Protest Code(s)	/ /	Claimant Name	Benefit Charge Amount	Quarter / Year
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/

Section B: Additional Protest Address				
Please provide address to which decision should be sent.				

Employer Name: _____				
Address 1: _____		Address 2: (Apt., Floor, Suite, etc.) _____		
City: _____		State: _____	Zip Code: _____	
Telephone Number: () - Ext.: _____				
Section C: Signature				
Signature: _____			Date: _____	
Name (printed): _____		Daytime Telephone Number: _____		
Title: _____			Ext.: _____	

Application for Revision Instructions

To protest your charges, please select the applicable protest code(s) from the following list and enter the claimant name, charge amount, and quarter/year as detailed on the statement. Include the appropriate documentation if applicable to the protest.

1. Claimant worked for employer less than 30 days. (Attach a copy of the Protest letter, receipt of B22-S or determination.)
2. Employer has received no determination to the protest submitted to the local office. (Attach protest letter and/or receipt B22-S.)
3. Employer has received no determination to the protest submitted to the local office and 180 days have elapsed. (Attach protest letter and receipt B22-S.)
4. No Benefit Chargeable Employer Notice (BIS-32) or reconsidered chargeability decision was received.
5. Charges have been assessed for a period of ineligibility. (Determination, Referee Decision or Board of Review decision attached.)
6. The claimant was working during period paid. (Attach employment details if available.)
7. Recoupment has occurred and employer has received no credit.
8. Claimant separated due to incarceration (effective for weeks beginning Sept 27, 1992. Attach Determination or separation documentation.)
9. Claimant's unemployment between April 13, 1993 and January 8, 1994 was a direct result of the federal flood disaster declared during July 1993. (Explain circumstances and include the Illinois county in which the employer's affected facility is located.)
10. Claimant separated in accordance with the Health Care Worker Background Check Act.
11. Other (Please provide an explanation on a separate sheet of paper along with any supporting documentation).

The Illinois Department of Employment Security (IDES) contracts with private law firms to provide limited free legal services to small employers with respect to IDES administrative proceedings that address the subject of this notice. These are independent law firms and are not part of IDES.

A small employer is an employer that reported wages paid to less than 20 individuals, whether part or full time, for each of any two of the four calendar quarters preceding the quarter in which its application for legal assistance is made.

The level of legal services provided will depend on the substance of your challenge to this order. If you are interested in obtaining legal services, call the applicable number as soon as possible. Any delay in calling could result in your not being able to obtain this service.

If your Unemployment Insurance Account Number ends in a 0 through 4, call toll-free (866) 641-4288 or TTY (312) 641-6403.

If your Unemployment Insurance Account Number ends in a 5 through 9, call toll-free (877) 849-2007 or TTY (866) 802-8732.