

Misconduct Questionnaire - Claimant

Claimant Information:

Last Name: _____ First Name: _____ MI: _____
 ID or SSN: _____

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

Under Section 602 of the Illinois Unemployment Insurance Act, an individual who is discharged because of misconduct connected with his/her work, is ineligible for unemployment benefits. Please provide information about your separation. The information you provide will be used for the purpose of determining your eligibility for benefits.

Please complete, sign and return this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

You will receive a notice by mail with the date and time and interview will be held regarding your separation. At the time of the interview you may provide more detailed information.

Section A: Employment Information						
Employer Name: _____			Employer Telephone Number: () -			
Length of Employment	Work Hours (AM/PM)		Wages		Hour	Month
From: / /	From: : AM PM	\$.	Per	Week	Other (Please Explain)	
To: / /	To: : AM PM			Biweek		
Type of Work (e.g. retail sales, cook, office manager, etc)				Job Duties		
Section B: Reason For Discharge						
What was the date you were discharged? / /						
Who discharged you?				What is that person's title?		
What reason were you given for the discharge?						
Describe the last act, omission, or circumstance that led to your discharge on that date.						
Was there a company policy or rule concerning the last act/circumstance that caused your discharge?					Yes	No
If Yes, what was the policy/rule or expected conduct/performance?						
Had you received any prior warnings about this type or similar conduct?					Yes	No
What type of warning did you receive, by whom and when?						
Name: _____		Date: / /				
Type: Verbal Written Other (Please Explain)						
If yes, what action(s), if any, did you take to improve your conduct/performance after receiving a warning from your employer?						
Were you aware that you could be discharged for not complying with the rule or policy?					Yes	No
If yes, what effect did the action, omission, or circumstance have on the employer (e.g. physical damage to property, loss of profits, etc.)						
Section C: Signature						
Signature: _____				Date: / /		
Name (printed): _____				Day Time Telephone Number: () -		