State of Illinois Board of Review



## **Extension Request (BOR)**

					Dated	:
Claimant ID:						
BOR Docket I	No.:		(If Issued)			
In accordance	with the provi	sions of 56 III. Adm.	Code 2720.315(c),	(Check One) (	Claimant 🔲 E	Employer), the
(Check One) (	Appellant	Appellee) in t	he above reference	d BOR Docket Num	nber, hereby requ	ests an extension
of time within	which to file a	written argument an	d/or submit addition	al evidence. An ext	ension of time is	required for the
following reason	on(s):					
Note: If neces:	sary, you may	write on the back of	this form and/or add	d extra pages in ord	er to complete yo	our explanation.
Signature	(Claiman	t / Employer)		Signature	(Attorney / F For (Claimant /	Representative) Employer)
						Print

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APL109F Rev. (10/2021)