



**Extension Request (BOR)**

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Dated: \_\_\_\_\_

Claimant ID: \_\_\_\_\_

BOR Docket No.: \_\_\_\_\_ (If Issued)

In accordance with the provisions of 56 Ill. Adm. Code 2720.315(c), (*Check One*) (  Claimant  Employer), the (*Check One*) (  Appellant  Appellee) in the above referenced BOR Docket Number, hereby requests an extension of time within which to file a written argument and/or submit additional evidence. An extension of time is required for the following reason(s):

Note: If necessary, you may write on the back of this form and/or add extra pages in order to complete your explanation.

\_\_\_\_\_  
Signature (Claimant / Employer)

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