



**Request for Reconsideration of Claims Adjudicator's Determination
and, if applicable, Appeal to the Referee**

Claimant Information:

Last Name:

First Name:

MI:

Claimant ID or Last 4 digits of SSN:

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

The reconsideration process is governed by section 703 of the Illinois Unemployment Insurance Act and 56 Ill. Adm. Code 2720.160 Reconsidered Finding or Determination. If your Request for Reconsideration becomes an Appeal as a result of the reconsideration process, your case will be forwarded to the appeals unit.

If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

Appellant: (Check One) Claimant Employer (Employer, please provide Company Name and Account #)
Name: Account #:

Section A: Reason for Request for Reconsideration

I disagree with the claims adjudicator's determination dated _____, regarding
because: _____ (Give all your reasons and facts)

* Note to claimant: You must continue to certify for benefits by Tele-Serve or Online for each two week period that you are unemployed during the appeal process.

Section B: Signature

Signature:

Date:

Name (Printed or Typed):

Telephone Number: