State of Illinois
Department of Employment Security

www.ides.illinois.gov
Fax completed form to: 217-557-4913

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: _____