{{ users[0].name\_full() }}

{{ users[0].address.block() }}

{{ today().format(“MMMM d, yyyy”) }}

Illinois Department of Employment Security

Board of Review

33 South State Street

9th Floor

Chicago, IL 60603

Dear Illinois Department of Employment Security:

I want to appeal the denial of unemployment benefits because I disagree with the decision. I want a hearing. Please consider this a “Notice of Appeal” of the decision dated {{ denial.format(“MM/dd/yyyy”) }} denying my claim for unemployment insurance benefits. Here is my information.

Name: {{ users[0].name\_full() }}

Social Security Number: {{ users[0].id\_or\_ssn }}

Phone: {{ users[0].phone\_number }}

I have enclosed:

* Notice of Appeal

{%p for doc in attachments %}

* {{ doc.name.text }}, {{ doc.desc }}

{%p endfor %}

{%p if attended\_hearing == False %}

I did not present the documents at the hearing on {{ hearing\_date.format(“MMMM d, yyyy”) }} because: {{ missed\_hearing\_explanation }}

{%p endif %}

{%p if request\_transrcipt %}

Please send a copy of the transcript of the {{ hearing\_date.format(“MMMM d, yyyy”) }} hearing, and a copy of the full record on appeal, to me at the above address. I also ask for time to submit a written argument after the Board sends me the transcript and record on appeal.

{%p endif %}

I certify that I served a copy of this letter to {{ employer.name\_full() }} on {{ delivery\_date.format(“MM/dd/yyyy”) }} along with the Notice of Appeal and additional evidence, if any.

Sincerely,

{{ users[0].name\_full() }}

cc: {{ employer.name\_full() }}, {{ employer.address.on\_one\_line() }}