



Unemployed Individual – Wage Questionnaire - Employer

Claimant Information:

Last Name: _____ First Name: _____ MI: _____ SSN: _____
 Employer Name: _____ Employer Account #: _____

Under Section 239 of the Illinois Unemployment Insurance Act, an individual shall be deemed unemployed in any week with respect to which no wages are payable to him and during which he performs no services or in any week of less than full-time work if the wages payable to him with respect to such week are less than his weekly benefit amount.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security Office as instructed. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

Employment Information

Did or will the claimant perform any services and/or receive wages or payments from you any time after _____ . Yes No

If No, proceed to Section G. Please sign and return this questionnaire, no further information is necessary.

If Yes, what services or payments did or will the claimant receive? *(Check all that apply and complete corresponding section)*

- A. Wages for services performed after _____
- B. Perform(ed) services after _____ for which no payment will be received
- C. Severance pay
- D. Payment in lieu of notice of separation or layoff
- E. A back pay award (payment resulting from grievance)
- F. Other: (Explain)

Provide information about the employer who made this payment or received services after _____ .

Employer Name: _____
 Address 1: _____ Address 2: (Apt., Floor, Suite, etc.) _____
 City: _____ State: _____ Zip Code: _____
 Employer Telephone Number: () - _____

Section A / B: Services Performed Details

(If A. or B. were checked, answer the following questions regarding **wages/payments** received and/or **services performed**.)

Dates worked after	Hours worked per day	Gross earnings per day
/ /	Hours	\$
/ /	Hours	\$
/ /	Hours	\$
/ /	Hours	\$
/ /	Hours	\$

Proceed to Section G

Section C: Severance Payment Details

If C. was checked, answer the following questions regarding **severance pay**.

Was payment based on length of service? Yes No
 What was payment amount? \$

Proceed to Section G

Section D: Payment in Lieu of Notice Details

If **D.** was checked, answer the following questions regarding **payment in lieu of notice** of separation or layoff.

Is there an employment agreement, a statutory requirement or a uniformly applied company policy which requires the employing unit to give the employee a definite period of notice before a layoff or separation? Yes No

If Yes, how much notice is required?

Did the claimant receive the required notice? Yes No

If Yes, date notice was given. / /

If no notice was given, was the claimant paid a sum equal to his/her regular wages for the required period of notice? Yes No

What was the gross amount of payment received? \$

For what period was the payment allocated? From: / / To: / /

What date was the payment made? / /

What was the claimant's average gross weekly wage? \$

Proceed to Section G

Section E: Backpay Award Details (If **E.** was checked, answer the following questions regarding back pay award.)

If **E.** was checked, answer the following questions regarding **back pay award**.

What was the gross amount of payment received for backpay? \$

For what period was the payment allocated? From: / / To: / /

What date was the payment made? / /

What was your average gross weekly wage? \$

Was any part of the payment not related to lost wages? Yes No

If Yes, please explain:

Was the amount of back pay related to the amount of wages lost? Yes No

If Yes, in what way?

How was the amount of the award determined?

Proceed to Section G

Section F: Other

(If **F.** was checked, what other type of payment have or will the claimant receive from you? (Details such as type of payment, amount, dates, etc. must be documented).

Proceed to Section G

Section G: Signature

Signature: Date: / /

Name (printed): Telephone Number: () -

Title: Extension: