



**Unemployed Individual – Wage Questionnaire - Claimant**

Claimant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 ID or SSN: \_\_\_\_\_

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

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 your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information. *If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.*

**Employment Information**

Have you or will you perform any services and/or receive wages or payments from your employer 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 you 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 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 you receive the required notice? Yes No

If Yes, date notice was given. / /

If no notice was given, were you paid a sum equal to your 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 your 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**.

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 you receive from your employer?

(Details such as type of payment, amount, dates, etc. must be documented).

Proceed to Section G

**Section G: Signature**

Signature(s): Date: / /

Name (printed): Telephone Number: ( ) -