



City of Champaign Township
Pamela Borowski, Supervisor
603 South Randolph Street
Champaign, IL 61820
217-352-4500 FAX 217-352-6043

Inquiry for Unemployment Compensation Eligibility and Benefits

To:
Illinois Department of Employment Security
1307 N. Mattis Ave. – P.O. Box 3369
Champaign, IL 61821

From: Barbara A. Nailon, Caseworker

Date: _____

The bearer of this letter is applying for General Assistance at this office and the following information concerning subject's eligibility for unemployment compensation benefits is requested: **(Please Circle Answer)**

ELIGIBLE

INELIGIBLE

DISQUALIFIED

Name of Wage Earner : _____

Aliases or Cross Ref. Names: _____

Address: _____ City/State/Zip: _____

SS Number: _____ DOB: _____

What date was claim filed on? _____

If ineligible or disqualified, the period is from: _____ to _____

Please state reason why ineligible or disqualified:

Weekly Benefit Amount: \$ _____ Last check received on: _____

Last Employer: _____ Length of Service: _____

Address: _____ City/State/Zip: _____

IDES Rep. Name: _____ Phone Number w/Ext: _____

(TURN PAGE OVER)

RELEASE OF INFORMATION

Authorized Given by: (Applicant's Name)

This verification of information was provided by:

Signature of IDES Representative

Print Name Here

Date

Phone #