



Refusal of Work 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 603 of the Illinois Unemployment Insurance Act, an individual shall be ineligible for benefits if he/she failed, without good cause, either to apply for available, suitable work when so directed by the employment office or the Director, or to accept suitable work when offered to him/her by the employment office or an employing unit, or return to his/her customary self-employment (if any) when so directed by the employment office or the Director. Please provide details about the refusal. The information you provide will be used for the purpose of determining your eligibility for benefits.

Please complete, sign and return this questionnaire to your Illinois Department of Employment Security Reporting 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.*

You will receive a notice by mail with the date and time an interview will be held regarding this issue. At the time of the interview you may provide more detailed information.

Section A: Refusal of Work Information				
Did you receive an offer of work or a referral from the Employment Services or an employing unit?		Yes	No	
If No, then no further information is required. <i>Skip to Section B.</i>				
What is the name and address of the employing unit making the offer?				
Employer Name/Doing Business As:				
Address:		Address 2: (Apt, Floor, Suite, etc.)		
City:	State:	Zip Code:	+	
What is the name and title of the person who made the offer?				
Name:		Title:		
How was the offer of work conveyed? (Check all that apply)				
In Person	Telephone	Letter	E-mail	Other (Please Explain)
What was the date of the offer of work or referral to a job?		/	/	
What was the start date of the job?		/	/	
What were the scheduled hours and days of work?				
What was the starting rate of pay \$		Per (Hr, Day, Week, Etc.)		
Work Location:				
Job Title:		Job Duties:		
What was the reason for the refusal of work / referral?				
Provide details of past employment including dates of employment, job duties, training and experience in this type of work.				
Section B: Signature				
Signature:		Date:		
Name: (printed)		Telephone Number:		