



**Not Actively Seeking Work and A&A Questionnaire - Employer**

**Claimant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer Account #: \_\_\_\_\_

Under Section 500 of the Illinois Unemployment Insurance Act, an unemployed individual shall be eligible to receive benefits with respect to any week only if he/she is able to work, available for work and actively seeking work. The information you provide will be used for the purpose of determining the claimant's eligibility for benefits.

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.

**Section A: Claimant's Employment History**

What type of work did the claimant do while in your employment?  
 What were the claimant's dates of employment? From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 What was the claimant's final rate of pay? \$ \_\_\_\_\_ Per (Hr/Week/Mo/Etc.)  
 What hours did the claimant work? From: \_\_\_\_ : \_\_\_\_ AM \_\_\_\_ PM To: \_\_\_\_ : \_\_\_\_ AM \_\_\_\_ PM  
 The claimant is not: (Check all that apply)    Able to Work    Available for Work    Actively Seeking Work  
 How did this come to your attention?

**Section B: Temporary Help Firm Information    Work Search Information For    Through**

Are you a temporary help firm?    Yes    No  
*If Yes, please complete the following questions. If No, please skip to Section C, no further questions are required.*  
 During the period from \_\_\_\_ through \_\_\_\_ did the claimant contact you?    Yes    No  
 If No, please explain:  
*If No, please skip to Section C, no further questions are required.*  
 If Yes, on what date did the claimant contact you?    \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 What was the method of contact?  
 Who was the person contacted?  
 What instructions were given to the claimant?  
 What is your policy in regards to availability reporting?

**Section C: Signature**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: (printed) \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Ext. \_\_\_\_\_