



Vacation Pay – Separation/Layoff 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 610B of the Illinois Unemployment Insurance Act, an individual who receives vacation pay may be ineligible for benefits during the period designated by the employer. Please provide information about this payment to determine your eligibility for benefits.

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.

Section A: Vacation Pay – Separation/Layoff Information			
Did you or will you receive vacation pay, pay in lieu of vacation pay or standby pay from your former employer?		Yes	No
If No, will you receive any other form of payment after your last day worked?		Yes	No
If Yes, indicate type and amount of payment:		\$	
<i>If No to both questions, then no further information is required. Skip to Section B</i>			
<i>If Yes, provide information about the employer who made this payment and answer the remaining questions on this form:</i>			
Employer Name: _____			
Address 1: _____		Address 2: (Apt., Floor, Suite, etc.) _____	
City: _____		State: _____	Zip Code: _____
Employer Telephone Number: () - _____			
What is the reason for separation from this employer? <i>(Check all that apply)</i>			
Inventory	Vacation	Layoff	Discharge
Other: (Please Explain)	Voluntary Leave		
To what time period is the vacation pay being applied? From: / / To: / /			
What is the gross amount of vacation pay you received or will receive for the period indicated above? \$			
What is your rate of pay? \$ per Hour Week Month Year Other			
What is your normal work week?		Hours per Day	Days per Week
Did you receive or will you receive holiday pay after your last day worked?		Yes	No
<i>If Yes, provide the date of each holiday and gross amount per day:</i>			
Date	Gross Earnings	Date	Gross Earnings
/ /	\$	/ /	\$
/ /	\$	/ /	\$
Section B: Signature			
Signature: _____		Date: / /	
Name (printed): _____		Telephone Number: () - _____	