

Academic Personnel 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 612 of the Illinois Unemployment Insurance Act, an individual is ineligible for benefits on the basis of wages for employment from an educational institution for any week between two successive years or terms if the individual either has a contract or has reasonable assurance he/she will perform such services in the next academic year or term. 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 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.

What type of work did you perform for your last employer? _____ Rate of pay: _____ Per _____
Section A: Academic Information
What is the name of your last academic employer? _____
What were the dates of employment? From: ____ / ____ / ____ To: ____ / ____ / ____
Did your employment end with the end of an academic year or term, or at the start of a vacation period or holiday recess? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the reason for your unemployment? (Select One) <input type="checkbox"/> Summer break <input type="checkbox"/> Semester break <input type="checkbox"/> Paid sabbatical <input type="checkbox"/> Customary vacation period <input type="checkbox"/> Holiday recess <input type="checkbox"/> Other: (Please Explain) _____
Had you been employed by an academic institution during a prior academic year or term? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please answer the following: How many years or terms have you been employed by an academic institution? _____ years In previous years, did your employment end with the end of the academic year or term? <input type="checkbox"/> Yes <input type="checkbox"/> No In previous years, were you rehired for the following academic year or term? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain why you were not rehired: _____
What was your title at your last academic institution? _____
Were you a substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please answer the following: How many days did you normally average per week as a substitute? _____ days Have you registered for substitute teaching for the next academic year or term? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, names of academic institutions: _____ If No, reason for failure to sign up: _____
Do you have a written, verbal or implied agreement to work for an academic institution in the next academic year, term or the period immediately following the vacation period or holiday recess? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name(s) of academic institution. _____ If Yes, in what capacity? _____
Do you have reason to believe that you will be rehired to work for the next academic year or term? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, no further questions are required. Skip to Section B. If No, why do you believe that you will not be rehired for the next academic year or term? _____
Did you refuse any offer of employment with any academic institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the date of refusal? _____ Name of academic institution? _____
Section B: Signature
Signature: _____ Date: ____ / ____ / ____ Name: (Printed or Typed) _____ Telephone Number: ____ / ____ / ____