



Misconduct Questionnaire - Employer

Claimant Information:

Last Name: _____ First Name: _____ MI: _____
 SSN: _____ Employer Account #: _____

Under Section 602 of the Illinois Unemployment Insurance Act, an individual who is discharged because of misconduct connected with his/her work, is ineligible for unemployment benefits. Please provide information about the claimant's separation from employment. 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 Local Office as instructed. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet.

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to return this form may result in 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: Employment Information			
Employer Name: _____		Employer Telephone Number (____) ____ - _____	
Length of Employment	Work Hours	Wages (Hr, Day Etc.)	
From: ____ / ____ / ____ To: ____ / ____ / ____	From: ____ To: ____	\$ ____ . ____ Per	
Type of Work (e.g. retail sales, cook, office manager, etc)		Job Duties	
Section B: Reason For Discharge			
What was the date the claimant was discharged? ____ / ____ / ____			
Who discharged the claimant? _____		What is that person's title? _____	
What reason was the claimant given for the discharge? _____ _____			
Describe the last act, omission, or circumstance that led to the claimant's discharge on that date. _____ _____			
Was there a company policy or rule concerning the last act/circumstance that caused the claimant's discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the policy/rule or expected conduct/performance? _____			
Had the claimant received any prior warning(s) about this type or similar conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of warning(s) did the claimant receive, by whom and when? Name: _____ Date(s): _____ Type: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Other (Please Explain): _____			
Was the claimant aware that he/she could be discharged for not complying with the rule or policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe, if aware, what effect the action, omission, or circumstance had on the employer (e.g. physical damage to property, loss of profits, etc.) _____			
Section C: Signature			
Signature: _____		Date: ____ / ____ / ____	
Name: (Printed or Typed) _____		Telephone Number: (____) ____ - ____	
Title: _____		Ext: _____	