

Mass Separation Notice

Employer Name: Employer Account Number:

Note: A separate "Mass Separation Notice" must be completed for each shutdown with a different employer account number.

This form should be filed by an employing unit either when requested to do so, or in accordance with 56 Ill. Adm. Code 2920.25. If you anticipate a shutdown for vacation, inventory or other purposes, all information on this form must be supplied. The department is requesting that you provide the names and Social Security numbers of employees affected by this shutdown. Without this information, our offices may not be aware of the shutdown. Unemployment Insurance benefits may be erroneously paid to workers who receive vacation pay during the shutdown.

If you receive a notice of claim filed during a shutdown for inventory or vacation purposes, you should complete and return the Notice of Unemployment Claim (ADJ030F), as instructed, if:

1. The worker has received or will receive vacation pay for a period of unemployment subsequent to the plant shutdown, or
2. The worker refused an offer of work during the shutdown period, or
3. You have knowledge which indicates that benefits should be denied for other reasons.

Please complete, sign and return this form at least three weeks prior to the beginning of the shutdown to the Illinois Department of Employment Security office as instructed or fax to (312) 793-6814.

If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

Section A: Mass Separation Information

Address(es) of Plants Affected:

Contact Name: Title:

Telephone Number: () - Ext.: Fax Number: () -

Number of Employees: Number of Workers Affected by Shutdown:

Last Date of Work: / /

Reason for/ Shutdown: (Select One)

<input type="checkbox"/> Vacation:	From <input type="text"/> / <input type="text"/> / <input type="text"/>	Through <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Inventory:	From <input type="text"/> / <input type="text"/> / <input type="text"/>	Through <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Lack of Work:	From <input type="text"/> / <input type="text"/> / <input type="text"/>	Through <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Other:	From <input type="text"/> / <input type="text"/> / <input type="text"/>	Through <input type="text"/> / <input type="text"/> / <input type="text"/>

(Please explain other)

Shutdown Period: From / / Through / /

Date of Scheduled Return to Work: / /

What will be the first pay date after the return to work date? / /

What is the employer's pay period week? (7 Days) From / / Through / /

What are the normal work days in employer's pay period week? (Check all that apply)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Payments to be made:

☐ None ☐ Vacation ☐ Holiday ☐ Other (Please explain)

If Vacation, what is the basis for giving weeks or days of vacation pay?

Number of workers who will get no vacation pay. Workers

Number of workers who will get vacation pay for less than the entire shutdown period. Workers

If Holiday, will payment be made for holidays occurring during the shutdown? ☐ Yes ☐ No

Will all employees receive holiday pay? ☐ Yes ☐ No

If No, explain which employees will receive holiday pay.

Will employer's operations be shut down during the layoff? ☐ Yes ☐ No

Will work be available for some workers during the shutdown? ☐ Yes ☐ No

If Yes, type of work.

Which occupation will be offered this work?

Is vacation and/or holiday pay based on a Union contract? ☐ Yes ☐ No

What is the company policy?

What is the name of the Union based on the Union Contract?

What is the effective date of the Union Contract?

Additional Information: (Please include any information related to the shutdown that is not listed on this form)

(Please attach a copy of provision of union contract or company policy pertaining to vacation and holiday pay)

Labor Dispute Unit Fax # (312) 793-6814

Signature:

Date:

Name (printed):

Telephone Number:

Title:

Ext.: