



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?	Yes	No
What is the reason for your unemployment? (Select One)		
Summer break	Semester break	Paid sabbatical
		Customary vacation period
		Holiday recess
Other: (Please Explain)		
Had you been employed by an academic institution during a prior academic year or term?	Yes	No
<i>If Yes, please answer the following:</i>		
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?	Yes	No
In previous years, were you rehired for the following academic year or term?	Yes	No
If No, explain why you were not rehired:		
What was your title at your last academic institution?		
Were you a substitute?	Yes	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?	Yes	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?	Yes	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?	Yes	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?	Yes	No
If Yes, what was the date of refusal?		Name of academic institution?
Section B: Signature		
Signature:	Date: / /	
Name: (Printed or Typed)	Telephone Number: / /	