

Illinois Department of Employment Security

P.O. Box 19216
Springfield, IL 62794
Go online: ides.illinois.gov
Call: 1-800-244-5631
Illinois Relay dial: 711
Fax: 1-312-793-0940

Szymon Mieczkowski
732 W Bittersweet Pl Apt 1104
Chicago, IL 60613-2351

March 4, 2021

Issue Identification Number: 0004 1984 74-01
Correspondence ID: 34360570
Appeal Due Date: 4/5/2021

**Notice of Determination
Pandemic Unemployment Assistance**

Reasoning and Findings

You failed to provide required documentation to substantiate employment/self-employment or planned commencement of employment/self-employment.

Applicable Section of Law

Illinois Unemployment Insurance Act, 820 ILCS 405/500B; Sec. 241(a)(2) and (b)(1) and (3) of the Continued Assistance Act of 2020 (PL 116-260)
For more information about unemployment insurance identity theft and fraud, visit our website at www.ides.illinois.gov.

Effect of this Determination

You are not entitled to Pandemic Unemployment Assistance benefits from 12/27/2020 to 4/10/2021. This determination is final unless an appeal is filed within thirty calendar days from the date of this determination.

Appeal Rights:

If you disagree with this determination, you may complete and submit a request for reconsideration/appeal. A letter will suffice if you do not have an agency form. Your request must be filed with the Illinois Department of Employment Security within thirty (30) calendar days after the date this notice was mailed to you. If the last day for filing your request is a day that the Department is closed, the request may be filed on the next day the Department is open. Please file the request by mail or fax at the address or fax number listed above. Any request submitted by mail must bear a postmark date within the applicable time limit for filing. If additional information or assistance regarding the appeals process is needed, please contact the Agency at the phone number listed above.

You have 1 other outstanding issue(s) that may affect your eligibility for benefits.



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¡IMPORTANTE! Este documento afecta su elegibilidad para recibir beneficios de asistencia para el desempleo por la pandemia (PUA). Si usted no entiende este documento, póngase en contacto con el Centro de Servicios al Cliente del Departamento de Seguridad Laboral del Estado de Illinois al 1-800-244-5631 para obtener asistencia.

REQUEST FOR HEARING ON THE NON-MONETARY DETERMINATION

Claimant: Szymon
Mieczkowski

Claimant ID: 20616889

Issue ID: 0004 1984 74-01

Correspondence
ID: 34360570

We **must receive** your appeal **no later than 30 calendar days from the mailing date** listed on the front of this form. If the 30th day falls on a weekend or state holiday, your appeal must be received by the next business day. The date we receive the appeal is considered the date of the appeal.

How to Appeal: There are two ways you can appeal a decision. Use only **one** method to file your appeal.

1. **Mail** your completed appeal form and any supporting documents to P.O. Box 19216, Springfield, IL 62794. Please make a copy of this form before you send it, and keep the copy in case you need it later.

2. **Fax** your completed appeal form and any supporting documents to 312-793-0940.

<p>1. Who is appealing this decision? <input type="checkbox"/> Claimant <input type="checkbox"/> Employer</p>	<p>2. Will you be represented at the hearing by a lawyer, union business agent, or anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, write the person's name, address, and telephone number:</p>
<p>3. Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for what type of language? You will not be charged for the service.</p>	<p>4. Do you know if anyone else taking part in the appeal needs an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for what type of language? You will not be charged for the service.</p>
<p>5. Has your address changed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, write your new address:</p>	<p>6. If there is an employer's name and address on the Notice of Determination, write the address where you worked if it is not the same address.</p>
<p>7. Do you require an in-person hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8. Please provide a valid contact number for the hearing.</p>
<p>9. Explain the reasons you disagree with the decision. Provide as many details as possible. If you do not explain those reasons here, you may not be allowed to talk about them during the hearing. You may provide additional sheets of paper.</p>	
<p>The information provided is true, correct, and complete to the best of my knowledge. I understand there are severe penalties, including fines and jail, for not telling the truth.</p>	
<p>Signature of the Person Appealing</p>	<p>Date</p>

Once we process your appeal, we will send you more information. We send you a letter with instructions and the date and time of your hearing. Any documents to be entered as exhibits must be faxed or mailed to the Administrative Law Judge and any other parties in time to ensure receipt of the documents before the date of the scheduled hearing. At the hearing, you can talk only about topics you have already told us about in this unemployment claim. If you want to talk about other topics related to the decision you are appealing, you must provide those topics, in writing, to us, and the other party before the hearing. The letter gives you more instructions and information.

Late Appeals: A written appeal received after the 30-calendar day deadline from the **Date Mailed** on the front of this form is late.

Claimant: You must continue to request payment every week. If you received unemployment benefits based on a decision that gets changed, you may have to pay back the benefits you received.

If you file an appeal, a hearing will be scheduled. If you fail to attend your hearing, either by telephone or in person, you can request to reopen the hearing within 10 days.