CWI 4-001336

Reprint of Regulation 14, Section B, as amended pursuant to the provisions of the Illinois Unemployment Insurance Act

B. Notices to Indicate Possible Ineligibility for Benefits

1. An employing unit shall mail the form titled "Notice of Possible Ineligibility," or a letter in lieu thereof, within the time limit and to the address specified by this paragraph, if:
   a. The worker was discharged for misconduct connected with his work; or
   b. The worker was discharged because of the commission of a felony or theft in connection with his work, for which the employing unit was in no way responsible; or
   c. The worker left work voluntarily or has been absent for reasons unknown to the employing unit; or
   d. The worker refused to accept suitable work; or
   e. During any period which includes the date of the claim or any date subsequent thereto, the worker has been unable to work or unavailable for full-time work; or
   f. During any period which includes the date of the claim or any date subsequent thereto, the worker has not been unemployed; or
   g. For any period which includes the date of the claim or any date subsequent thereto, the worker has received or will receive a retirement payment, some or all of the cost of which has been or is paid by the employing unit for which the worker performed services; or
   h. During his base period, the worker was paid wages for employment in an instructional, research or principal administrative capacity performed for an institution of higher education.

   Unless otherwise provided by statute, the employing unit shall mail the "Notice of Possible Ineligibility," or a letter in lieu thereof, within ten calendar days after the date of the Form "Notice to Last Employing Unit," or of the Form "Notice of Additional Claim," which has been mailed to it. If it employed the worker during his base period and neither of the above forms has been mailed to it, the employing unit shall mail the "Notice of Possible Ineligibility," or a letter in lieu thereof, within ten calendar days after the date of the Form "Preliminary Notice of Claim to Base Period Employer," which has been mailed to it or, if such form has not been mailed to it, then within ten calendar days after the date of the Form "Notice of Finding to Base Period Employer," which has been mailed to it. The "Notice of Possible Ineligibility," or a letter in lieu thereof, shall be mailed to the Director at the local office designated on the form received by the employing unit.
2. If a worker refuses to accept suitable work after an employing unit has received any notice of the filing of a claim for benefits, the employing unit shall mail the "Notice of Possible Ineligibility," or a letter in lieu thereof, within ten calendar days after the date of such refusal, to the Director at the local office designated on the form received by the employing unit.
3. Whenever, for any period which includes the date of his claim or any date subsequent thereto, a worker has been or will be paid vacation pay, vacation pay allowance, pay in lieu of vacation, standby pay, or wages in lieu of notice, the employing unit shall mail the "Notice of Possible Ineligibility," or a letter in lieu thereof, within seven calendar days after the date of the "Notice to Last Employing Unit," or of the "Notice of Additional Claim," which has been mailed to it. If it employed the worker during his base period and neither the "Notice to Last Employing Unit" or the "Notice of Additional Claim" has been mailed to it, the employing unit shall mail the "Notice of Possible Ineligibility," or a letter in lieu thereof, within seven calendar days after the date of the "Preliminary Notice of Claim to Base Period Employer," which has been mailed to it or, if such form has not been mailed to it, then within seven calendar days after the date of the "Notice of Finding to Base Period Employer," which has been mailed to it. The employing unit may designate on the "Notice of Possible Ineligibility," or a letter in lieu thereof, the period to which such payment shall be allocated. The "Notice of Possible Ineligibility," or a letter in lieu thereof, shall be mailed to the Director at the local office designated on the form mailed to the employing unit.

   Whenever the employing unit extends the period to which vacation pay, vacation pay allowance, or pay in lieu of vacation shall be allocated, it shall mail the "Notice of Possible Ineligibility," or a letter in lieu thereof, no later than the beginning date of such extension, to the Director at the local office designated on the form which has been mailed to the employing unit. The employing unit may designate on the "Notice of Possible Ineligibility," or a letter in lieu thereof, the beginning and ending dates of the period covered by such extension.
4. Except as specified in Paragraph 5, below, any employing unit which fails to mail the "Notice of Possible Ineligibility," or a letter in lieu thereof, to the Director within the time limits and to the office prescribed above shall not be entitled to receive a notice of the determination of the claims adjudicator which relates to the ineligibility alleged to exist, or to notice of any reconsideration thereof, and it shall not be entitled to prosecute an appeal therefrom to a Referee. The claims adjudicator may, however, use the information disclosed on such form, if any, in making his determination or in a reconsideration thereof, except that
   a. If an allegation pursuant to Paragraph 1b, above, is not made within the prescribed time limit, the benefit rights of the worker shall not be cancelled; and
   b. If an allegation that an individual has been or will be paid vacation pay, vacation pay allowance, or pay in lieu of vacation is not made within the time limits or in the manner prescribed in Paragraph 3, above, or if the period to which such payment shall be allocated is not designated as prescribed in the aforesaid paragraph, and the payment is in connection with a separation or layoff of the individual other than for the duration of a shutdown for the taking of inventory or for vacation purposes, or both, it shall not be attributed nor be deemed payable to him with respect to any week after such separation or layoff.
5. a. An employing unit to which neither the "Notice to Last Employing Unit," nor the "Notice of Additional Claim," nor the "Preliminary Notice of Claim to Base Period Employer," nor the "Notice of Finding to Base Period Employer," has been mailed, and which mails the "Notice of Possible Ineligibility," or a letter in lieu thereof, to the Director at any local office or at 910 South Michigan Avenue, Chicago, Illinois 60605, alleging that the worker is ineligible for benefits for any of the reasons set forth in Paragraphs 1, 2, or 3 above, shall be entitled to receive a notice of the claims adjudicator's determination, or reconsidered determination, if any, which relates to the ineligibility alleged to exist, and shall be entitled to prosecute an appeal therefrom to a Referee.
   b. An employing unit which, after the time limit prescribed by Paragraph 1, above, mails the "Notice of Possible Ineligibility," or a letter in lieu thereof, to the Director at the local office in which the claim is filed, or, if the local office is unknown, to the Director at 910 South Michigan Avenue, Chicago, Illinois 60605, alleging that the worker (1) is unable to work or is unavailable for full-time work, or (2) is not unemployed, or (3) has received or will receive a retirement payment described in Paragraph 1g, above, shall be entitled to receive a notice of the claims adjudicator's determination, or reconsidered determination, if any, which relates to the ineligibility alleged to exist, but not with respect to any week or week s which occurred prior to the week in which such form is received. The employing unit shall be entitled to prosecute an appeal to a Referee from such determination or reconsidered determination.
6. An employing unit which, within the time limits and in the manner prescribed by this Regulation, has mailed the "Notice of Possible Ineligibility," or letter in lieu thereof, to the Director, alleging that the worker named thereon (1) is unable to work or is unavailable for full-time work, or (2) is not unemployed, or (3) has received or will receive a retirement payment described in Paragraph 1g, above, shall be entitled to receive a notice of the claims adjudicator's determination, or reconsidered determination, if any, which relates to the ineligibility alleged to exist, and shall be entitled to prosecute an appeal to a Referee from such determination or reconsidered determination, with respect to all weeks for which a claim is filed in the calendar year in which the form is mailed (except as is otherwise provided in Paragraph 5B, above) and in the calendar year which immediately follows; except that an employing unit shall not be so entitled with respect to any week which follows a week in which a determination or reconsidered determination, if any, by the claims adjudicator or a decision by the Referee or the Board of Review that the individual is eligible for benefits has been permitted by the employing unit to become final.
7. Whenever the "Notice of Possible Ineligibility," or a letter in lieu thereof, is required in accordance with the provisions of this Regulation, the form shall be completed in accordance with the instructions thereon, or a letter giving the information called for on the form may be filed in lieu thereof.
8. All allegations contained in notices of possible ineligibility must conform to Section 702 of the Act, which reads in part, as follows:

   "...sufficient only if it contains a reason or reasons therefor and, in support thereof, a statement of specific facts and circumstances (other than general conclusions of fact or law) which, if assumed to be true, would require a determination that the claimant is ineligible for benefits or waiting period credit..."

CYWI 4-001338

— James Charles Bufkin —

Personnel ENVELO-FILE ®

PRINT EMPLOYEE'S NAME ON TAB ↑

YEARS OF SERVICE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	OVER 25

DATE OF BIRTH _____ SEX: M_____ F_____ SOCIAL SECURITY NUMBER _____

CITIZEN: YES_____ NO_____ MARITAL STATUS: SINGLE___ ENGAGED___ MARRIED___ SEPARATED___ DIVORCED___ WIDOWED___

NO. OF DEPENDENTS INCLUDING SELF _____ PHYSICAL DEFECTS _____

EDUCATION: GRADE SCHOOL_____ HIGH SCHOOL_____ COLLEGE _____ SPECIAL TRAINING _____

COMPANY TRAINING _____

PARTICIPATION IN
- CREDIT UNION: _____ DATE ELIGIBLE _____ DATE JOINED _____
- GROUP INSURANCE: _____ DATE ELIGIBLE _____ DATE JOINED _____
- PENSION PLAN: _____ DATE ELIGIBLE _____ DATE JOINED _____

UNION MEMBER: YES _____ NO_____ DATE OF JOINING _____

ADDRESS _____ (NO. STREET CITY STATE TELEPHONE)

ADDRESS _____ (NO. STREET CITY STATE TELEPHONE)

ADDRESS _____ (NO. STREET CITY STATE TELEPHONE)

IN EMERGENCY NOTIFY _____

ADDRESS _____ (NO. STREET CITY STATE TELEPHONE)

RELATIVES OR FRIENDS WORKING FOR COMPANY _____ (NAME RELATIONSHIP)

_____ (NAME RELATIONSHIP)

CREDIT DATA

CYWI 4-001339

EMPLOYMENT HISTORY

DATES FROM	DATES TO	POSITION	DEPARTMENT	RATE OF PAY AMOUNT	RATE OF PAY PER	GRADE OF WORK	REASON FOR CHANGE OR TERMINATION

SPECIAL INFORMATION

TERMINATION RECORD

VOLUNTARY	INVOLUNTARY	DETAILED STATEMENT OF REASON FOR TERMINATION
BETTER JOB _____	CO. RELOCATION _____	
FAMILY _____	CO. REORGANIZATION _____	
GENERAL DISSATISFACTION _____	END OF TEMPORARY PERIOD _____	
ILLNESS _____	INCOMPETENCE _____	
INSUFFICIENT PAY _____	LACK OF WORK _____	
RELOCATION _____	MISCONDUCT _____	
OTHER _____	TRADE DISPUTE _____	
UNKNOWN _____	RETIREMENT _____	
RECOMMENDED FOR REEMPLOYMENT?	DEATH _____	
YES _____ NO _____	OTHER _____	

CYWL 4-001340

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CYANAMID

AMERICAN CYANAMID COMPANY
REQUEST FOR PHYSICAL EXAMINATION

TO DR. P FALK

DATE 7-7-71

PLEASE PERFORM A
- [x] PRE-EMPLOYMENT
- [ ] PERIODIC
- [ ] SPECIAL

PHYSICAL EXAMINATION ON: James Bufkin

TO EVALUATE PHYSICAL FITNESS.

TYPE OF WORK		AT (COMPANY LOCATION)
REQUESTED BY	TITLE	DIVISION & DEPT.
REQUESTOR'S ADDRESS		BILL TO CODE # (IF UNKNOWN, INDICATE DIV & DEPT)

PHYSICIANS REPORT

CLASSIFICATION
(1) 2 3 4
(ENCIRCLE ONE)

WORK RESTRICTIONS None pending lab reports

P. Falk M.D.
SIGNATURE

DISTRIBUTION (UPON COMPLETION)

ORIGINAL - RETURN AT ONCE TO PERSON REQUESTING EXAMINATION.

COPY - ATTACH TO SUMMARY OF PHYSICAL EXAMINATION FORM, GOF-271, AND BILL, MAIL TO:
CORPORATE MEDICAL DIRECTOR AMERICAN CYANAMID COMPANY, WAYNE, N.J. 07470

CYWI 4-001341