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| *(Participant Name)* | | | | | | | | | | |  | | | |
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| *(Address)* | | | | |  | | *(Apt. #)* | | | |  | | | |
|  | | |  |  |  | |  | | | |  | | | |
| *(City)* | | |  | *(State)* |  | | *(Zip Code)* | | | |  | | | |
|  | | | | | | | | | | | | | | |
| Dear: |  | | | | | | |  | | | | | | |
|  | *(Participant Name)* | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | |
| Date of Revocation:      /     /      (date merit staff approved revocation)  **Reason for Revocation:**  Your waiver has been revoked at your request.  Your waiver has been revoked on the date of its expiration.  Your waiver has been revoked due to enrollment in a Trade approved training program.  Your waiver has been revoked due to failure to make contact for your 30-day review as noted on Form #003b.  Your waiver has been revoked due to failure to accept suitable employment.  Your waiver has been revoked due to failure to enroll in a training program that became feasible and appropriate. | | | | | | | | | | | | | | |
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| *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 (“IDES”) within thirty (30) calendar days after the date at the top of this letter. If the last day for filing your request is a day that IDES is closed, the request may be filed on the next day that IDES is open. Please file the request by mail at: IDES P.O. Box 19509 Springfield, IL 62794 or fax to: 217-557-4913. Any request submitted by mail must bear a postmark date within the applicable time limit for filing.* | | | | | | | | | | | | | | |
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| If you have any questions, please call me at | | | | | | (    )     - | | | | | | Ext. |  |  |
|  | | | | | | *(Telephone Number* | | | | | |  |  |  |
|  | | | | | | | | |  |  | | | | |
| *(Career Planner Signature)* | | | | | | | | |  | *(Career Planner Printed Name)* | | | | |
| By signing below, I acknowledge receipt of this Trade Training Revocation Letter.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |  | | | | |
| *(Participant Signature)* | | | | | | | | | | | | | | |
| **Please return this letter to your Career Planner with your signature and keep a copy for your personal records.** | | | | | | | | | | | | | | |