

Established 1850

PLAINFIELD Township

Value the Past • Embrace the Present • Envision the Future



Tony Fremarek
815.436.8308 P
815.436.5117 F

Trustees

Ernie Knight
Debbie Krauldis
Eric Nelson
Matthew C. Starr

Clerk

Tax Collector
Brandon Bernicky

Assessor

Erin C. Kljaich
815.436.5110 P
815.436.5117 F

Hwy. Commissioner

Ken Marland
815.436.6090 P
815.436.7050 F

**Board Meetings are
held every second
Wednesday at 6:00
p.m. Public is invited.**

December 31, 2018

Ceola Leblanc
Illinois Department of Employment Security
P.O. Box 19509
Springfield, IL 62794

Re: Wooley Unemployment Protest
Case ID: 612- [REDACTED]
Claimant SSN: [REDACTED]

Dear Ceola:

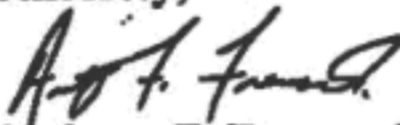
This letter is to serve as a formal protest to the unemployment claim submitted by Ms. Wooly. Ms. Wooly was terminated for cause on December 13, 2018. It was discovered by myself and our Administrator Chuck Willard that Ms. Wooly had falsified time cards submitted by herself and other staff members. On these time cards she added additional time to the timecards for hours not worked by herself or the staff members. The specific event was September 18th, when staff worked an afternoon event the township hosted called "Townships of Illinois Day". She took it upon herself to change the submitted time cards and fraudulently add an additional 5 hours per timecard. This act of fraud is why she was terminated.

Additionally, since her release it has been reported to us by staff, that she was also paying herself and other staff members additional vacation time in excess of what they were entitled. We are in the midst of an audit being conducted by our outside accounting firm. If these reports are found to be true, we will be forwarding our findings to the Will County State's Attorney and ask for them to pursue any and all remedies available.

Lastly, Ms. Wooly was not a full-time employee, her work week was 30 hours a week, and not a 40 hour a week position. She was officially classified as part-time.

If you have any additional questions or require additional information to the above, please do not hesitate to contact me directly. I can best be reached at 815-274-4467.

Sincerely,


Anthony F. Fremarek
Supervisor

22525 W. Lockport Street • Plainfield, IL 60544

Plainfield-township.com • Plainfieldassessor.com

Illinois Department of Employment Security

P.O. Box 19509
 Springfield, IL 62794
 Phone: (800) 244-5631 • TTY: (800) 244-5631
 Fax: (217) 557-4913
 www.ides.illinois.gov



PLAINFIELD TOWNSHIP
 22525 W LOCKPORT ST
 PLAINFIELD, IL 60544-1647

Date Mailed: 02/01/2019
 Employer Account Number: [REDACTED]
 Claimant SSN: [REDACTED]
 Claimant Name: Christy A. Woolley

Determination

The following determination has been made in connection with the claim for unemployment insurance benefits.

Issue 001 602A - Misconduct

Deny Effective 12/16/2018 - 12/31/9999

Was the claimant discharged for misconduct connected with the work? The evidence shows the claimant was discharged from PLAINFIELD TOWNSHIP because of submitting false information. She altered the time cards of her fellow employees without their knowledge or approval. Since the reason the claimant was discharged constituted a violation of a known and reasonable company rule, the claimant was discharged for misconduct connected with the work. The claimant is ineligible for benefits from 12/16/2018 and will be determined ineligible until she meets the eligibility requirements.

If you require further details concerning the information in this letter, please contact the Agency at the phone number listed above.

Please see appeal rights listed below and additional information regarding this determination.

001 602A - Misconduct - 820 ILCS 405/602A provides that an individual shall be ineligible for benefits for the weeks in which he has been discharged for misconduct connected with his work and, thereafter, until he has become re-employed and has had earnings equal to or in excess of his current weekly benefit amount in each of four calendar weeks. The term "misconduct" means the deliberate and willful violation of a reasonable rule or policy of the employing unit, governing the individual's behavior in performance of his work, provided such violation has harmed the employing unit or other employees or has been repeated by the individual despite a warning or other explicit instruction from the employing unit. The previous definition notwithstanding, "misconduct" shall include any of the following work-related circumstances: 1. Falsification of an employment application, or any other documentation provided to the employer, to obtain employment through subterfuge. 2. Failure to maintain licenses, registrations, and certifications reasonably required by the employer, or those that the individual is required to possess by law, to perform his or her regular job duties, unless the failure is not within the control of the individual. 3. Knowing, repeated violation of the attendance policies of the employer that are in compliance with State and federal law following a written warning for an attendance violation, unless the individual can demonstrate that he or she has made a reasonable effort to remedy the reason or reasons for the violations or that the reason or reasons for the violations were out of the individual's control. Attendance policies of the employer shall be reasonable and provided to the individual in writing, electronically, or via posting in the workplace. 4. Damaging the employer's property through conduct that is grossly negligent. 5. Refusal to obey an employer's reasonable and lawful instruction, unless the refusal is due to the lack of ability, skills, or training for the individual required to obey the instruction or the instruction would result in an unsafe act. 6. Consuming alcohol or illegal or non-prescribed prescription drugs, or using an impairing substance in an off-label manner, on the employer's premises during working hours in violation of the employer's policies. 7. Reporting to work under the influence of alcohol, illegal or non-prescribed prescription drugs, or an impairing substance used in an off-label manner in violation of the employer's policies, unless the individual is compelled to report to work by the employer outside of scheduled and on-call working hours and informs the employer that he or she is under the influence of alcohol, illegal or non-prescribed prescription drugs, or an impairing substance used in an off-label manner in violation of the employer's policies. 8. Grossly negligent conduct endangering the safety of the individual or co-workers. For purposes of paragraphs 4 and 8, conduct is "grossly negligent" when the individual is, or reasonably should be, aware of a substantial risk that the conduct will result in the harm sought to be prevented and the conduct constitutes a substantial deviation from the standard of care a reasonable person would exercise in the situation. Nothing in paragraph 6 or 7 prohibits the lawful use of over-the-counter drug products as defined in Section 206 of the Illinois Controlled Substances Act, provided that the medication does not affect the safe performance of the employee's work duties.

In order to requalify for benefits, one of the following conditions has to occur: 1) the claimant has had employment in at least four calendar weeks and has had earnings in each of the weeks that equal or exceed \$303.00, which is the current weekly benefit amount, or 2) he/she has been reinstated by the above employer.

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.

Important Notice

IDES contracts with private law firms to provide limited free legal services (consultation and/or representation at IDES administrative hearings) to claimants and small employers who are eligible for this service. These independent law firms are not part of IDES. Representation at your hearing is not automatic and depends, in part, upon the facts in your case.

Note: A small employer is an employer which reported wages paid to less than twenty individuals, whether part time or full time, for each of any two of the four calendar quarters preceding the quarter in which its application for legal assistance is made.

If you are interested in this legal service, call the applicable telephone number right away after receiving a ruling against you or notice of an appeal. Any delay in calling could result in your not being able to obtain this service. Normal working hours are from 8:30 a.m. until 5:00p.m., Monday through Friday.

Claimants:

(SSN ending with 0-4)

Toll-Free: (800) 884-8591
Out of State: (847) 991-9240
TTY: (866) 848-5809

(SSN ending with 5-9)

Toll-Free: (888) 430-1776
Phone: (847) 251-1776
TTY: (847) 251-8985

Small Employers:

If your account number for unemployment insurance ends in 0 to 9, call:

(866) 641-4288
(312) 641-6403 TTY (not toll-free)

Illinois Department of Employment Security

P.O. Box 19509
 Springfield, IL 62794
 Phone: (800) 244-5631 • TTY: (800) 244-5631
 Fax: (217) 557-4913
 www.ides.illinois.gov



1066256385



PLAINFIELD TOWNSHIP
 22525 W LOCKPORT ST
 PLAINFIELD, IL 60544-1647

Date Mailed: 12/20/2018
 Employer Account Number: [REDACTED]
 FEIN: [REDACTED]
 Claimant SSN: [REDACTED]
 Reply Due Date: 12/30/2018

Notice of Claim to Benefit Chargeable Employer

The claimant listed below has filed a claim for Unemployment Insurance. Please review the information carefully. If you wish to protest the claimant's right to benefits for any reason other than the claimant's involvement in a Labor Dispute, you must do so in writing by attaching a signed letter to this notice which includes the claimant's name and Social Security Number. Provide a detailed and complete statement of facts supporting your allegation and mail or fax the statement by 12/30/2018 to the Agency at the address listed above.

IF YOU ARE RESPONDING TO THIS NOTICE, PLEASE PLACE ADDITIONAL DOCUMENTS BEHIND ANY BAR-CODED PAGE.

If you are registered as a SIDES Employer, and you also received an E-mail notification regarding this notice, please respond using the SIDES E-Response process by logging into <https://ui/ides.org/sew-s/views/login>.

If you would like to begin receiving or responding to Notices of Claims electronically, you may register with SIDES at <https://mytax.illinois.gov>. Once you have registered with SIDES E-Response you will start to receive E-mail notifications that you have requests pending. Only at this time will your SIDES account be activated and you can begin responding to Notice of Claims electronically. If at the time you receive this notice you are not registered for SIDES, you cannot respond electronically to this notice.

IMPORTANT INFORMATION: If you DO NOT wish to protest this claim, no response is necessary. **HOWEVER:** If you do respond to this notice please submit your response only once. If you respond electronically via SIDES then please DO NOT fax or mail your protest or response as well.

Last Name: Woolley	Suffix:	Other Last Name:
First Name: Christy	Middle Initial: A	Benefit Year Begin Date: 12/16/2018
Date of Claim: 12/16/2018	Claim Type: New	Program: Regular
First Day Worked: 12/12/2016	Last Day Worked: 12/13/2018	Reason for Separation: Discharged (Fired)
Return to Work Date: Unknown	Claimant Resides In: IL	State Worked In: IL
		Dependent: Dependent Under 18

The wages shown represent earnings the claimant received from you during the base period. A worker's base period consists of the first four of the last five completed calendar quarters immediately preceding the month in which the benefit year begins. The alternate base period is the last four completed calendar quarters immediately preceding the benefit year.

Benefit Year Begin Date: 12/16/2018

Base Period Qtr: 3

Base Period Qtr: 4

Base Period Qtr: 1

Base Period Qtr: 2

Base Period Year: 2017

Base Period Year: 2017

Base Period Year: 2018

Base Period Year: 2018

Total Base Period Wages: \$27,407.98

Wages: \$4,380.00

Wages: \$7,154.00

Wages: \$6,316.76

Wages: \$9,557.22



PLAINFIELD TOWNSHIP
 Claimant Name: Christy A. Woolley

12/20/2018
 SSN: [REDACTED]

This notice is being sent to you because you are the Chargeable Employer for whom the claimant worked for 30 days (not necessarily consecutively) from the beginning of the claimant's Base Period to the "Date of Claim." You will be charged for any benefits paid to him/her. There is no connection between the amount that you paid the claimant and the amount you will be charged. The claimant's benefits are based on his/her wages during the first four of the last five completed calendar quarters (Base Period) prior to the claimant's "Benefit Year Begin." You will be charged for the benefits paid even if the wages you paid the claimant are not used in calculating his/her benefits. If the claimant worked for you for less than 30 days, you can be charged because you were the single employer that paid the claimant enough wages to requalify the claimant after a disqualifying separation from a previous employer. Rules on charging can be found at 58 Ill. Adm. Code 2785.325 et seq. [See www.ides.illinois.gov under rules.]

FOR INFORMATION REGARDING YOUR RIGHTS UNDER ILLINOIS' UNEMPLOYMENT INSURANCE ACT, INCLUDING INFORMATION ON HOW TO OBTAIN FREE LEGAL SERVICES, AND THE EXACT LANGUAGE OF THE ACT AND IDES RULES, PLEASE VISIT THE AGENCY'S WEBSITE AT www.ides.illinois.gov/UIRights.

If you wish to protest the claimant's right to benefits because he/she received vacation pay in connection with his/her separation. In your response, you must indicate the period covered by the vacation pay and the amount of the pay. Your protest must be filed by the "Reply Due Date" or within 10 days of the date that the vacation pay is paid or becomes payable. If the payment was made for an announced period of vacation or inventory shutdown, it is not necessary to make this designation.

Appeal Rights

If your protest is not postmarked, faxed, or successfully submitted via SIDES by the "Reply Due Date", you will not have the right to appeal a determination that is not in your favor. However, you can protest at any time that the claimant was not able, available or actively seeking work, giving details. You can also protest anytime that the claimant was not unemployed or that the claimant is receiving a retirement pension. In those cases, you would have the right to appeal a determination for periods after the date that you filed your protest. Even if your protest is late, we will still consider any information that you provide. However, you will not be able to appeal our determination.

Keep your business information up to date.

To make a change of address for forms such as Notice of Claim (ADJ030F) and Statement of Benefit Charges (BEN 118), visit www.mytax.illinois.gov and make required changes or submit a Notice of Change (UI-50A) available at www.ides.illinois.gov. **NOTE: All agents must have power of attorney on file to request a change of address.**

Please complete, sign and return this form by 12/30/2018, to the Agency at the address listed above.

NOTE: If you choose to fax your protest, it is not necessary to mail as well.

IF YOU ARE RESPONDING TO THIS NOTICE, PLEASE PLACE ADDITIONAL DOCUMENTS BEHIND ANY BAR-CODED PAGE.

Please select one of the following and complete all other related information:			
<input type="checkbox"/> I did not employ the claimant for 30 days			
Start Date: ___/___/_____		End Date: ___/___/_____	
Total Number of Days Worked: _____			
<input type="checkbox"/> Leased employee (Please identify leasing Agency Name and Address)			
Agency Name			
Address 1		Address 2 (Apt., Floor, Suite, etc.)	
City	State	Zip Code	
<input type="checkbox"/> Claimant never worked for me		<input type="checkbox"/> Claimant is not unemployed *NOTE: Claimant may still be eligible if working part-time	
I certify that the information contained herein is true and correct.			
Name (printed):	Signature:		
Title:	Contact Name (if different):		
Date:	Telephone Number:		

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PLAINFIELD TOWNSHIP
22525 W LOCKPORT ST
PLAINFIELD, IL 60544-1647

Date Mailed: 01/03/2019
Employer Account Number: [REDACTED]
Claimant SSN: [REDACTED]
Claimant Name: Christy A. Woolley

Determination

The following determination has been made in connection with the claim for unemployment insurance benefits.

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Our records indicate you did not submit a Notice of Possible Ineligibility under 56 Ill. Adm. Code 2720.140. This letter is sent to you for information only.

Under the provisions of 56 Ill. Adm. Code 2720.140 which also applies to 20 CFR 617.50 implementing the Trade Act of 1974 and its amendments, this notice may not be made the basis of an appeal. **FOR INFORMATION REGARDING YOUR RIGHTS UNDER ILLINOIS' UNEMPLOYMENT INSURANCE ACT, INCLUDING INFORMATION ON HOW TO OBTAIN FREE LEGAL SERVICES, AND THE EXACT LANGUAGE OF THE ACT AND IDES RULES, PLEASE VISIT THE AGENCY'S WEBSITE AT www.ides.illinois.gov/UIRights.**

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Out of State: (847) 991-9240

TTY: (866) 848-5609

(SSN ending with 5-9)

Toll-Free: (888) 430-1776

Phone: (847) 251-1776

TTY: (847) 251-6985

Small Employers:

If your account number for unemployment insurance ends in 0 to 9, call:

(866) 641-4288

(312) 641-6403 TTY (not toll-free)