

Local 309 Electrical Income Security Fund



2000 A Mall Street – Collinsville, IL 62234

(618) 344-2002 Fax (618) 344-2039

I _____, have exhausted my unemployment through the Illinois
(Print Name Here)
Department of Employment Security on _____. I wish to continue receiving
(Date Benefit was Exhausted)
supplement payments from the Income Security Fund. I would like to request payment for
the week of _____ through the week of _____.
(Week 1 End Date-Always on a Saturday) (Week 2 End Date-Always on a Saturday)

Thank you,

(Sign and Date Here)