

**Appeal In The Matter Of The Account Of:**

**Applicant**

- 1. Social Security #
- 2. Name
- 3. Street Address, City, State, ZIP

.....  
.....  
.....  
.....  
Telephone: ( )

**Employer**

- 7. Employer Account #
- 8. Business Name
- 9. Street Address, City, State, ZIP

.....  
.....  
.....  
.....  
Telephone: ( )

- 4. Determination Date
- 5. Determination Type (e.g., sep., elig., monetary, etc.)
- 6. Does office representative wish to take part in the appeal hearing? If yes, name:

Telephone: ( )

- 10. Local Street Address, City, State, ZIP (if different from #9)

.....  
.....  
.....  
.....  
Telephone: ( )

- 11. Reason(s) for this appeal:

.....  
.....

**APPLICANT: IF YOU ARE UNEMPLOYED, YOU MUST CONTINUE TO MAKE BIWEEKLY REQUESTS FOR BENEFITS PENDING THE OUTCOME OF THE APPEAL**

- 12. Signature Of Appellant Required:

- 13. Date:

**Office Use Only**

- 14. Appellant:  applicant  employer

21. Office #

- 15. Type of interpreter needed (if any)

22. Account Date

- 16. The appellant  does  does not object to a telephone hearing.

23. Account ID:

A telephone hearing will be scheduled if the parties are at different locations or if the parties are at such locations as to make a prompt in-person hearing impractical. If a party objects to a telephone hearing they will be required to travel to an office closest to the other party.

- 24. Account Type:

Regular

UCX

UCFE

OTHER  (specify)

- 17. Is fact finding attached?  yes  no

If no, where is it located

- 18. DES-82:  handed  mailed

- 19. Appeal taken by (Office representative)

- 20. Date