FOR AGENCY USE ONLY

Date received (if no postmarked envelope):

Claimstaker:

U	nemp	oloyment	Insurance A	Appeal	s E	Bureau
---	------	----------	-------------	--------	-----	--------

Signature

Attention: Unemployment Insurance Appeals Bureau and Employment Appeal Board proceedings are open to the public. This means that the public and media have access to the hearings, exhibits, transcripts, recordings, and decisions without prior notice to you. Unemployment Insurance Appeals Bureau decisions are posted online.

Provide the following claim information. I) Claimant:	3) Other interested party (if applicable):				
2) Employer:	4) Decision date: / / /				
Provide the following personal information.					
I) Name:	3) Email:				
2) Phone number:	4) Mailing address:				
\Box I am the claimant or claimant's representative. \Box I am the employer or employer's representative.	If you are the claimant or employer's representative, identify your relationship to the party (e.g., Manager, Attorney):				
Provide your reason for appealing:					
Check the box for the decision you want to appeal and	I provide the requested information.				
A. I want to appeal the "Unemployment Insurance	e Decision."				
 Provide the following information from the t 	I) Provide the following information from the upper right of the "Unemployment Insurance Decision."				
a) Last four digits of the claimant's So	cial Security Number: XXX-XX				
b) Original Claim Date: /					
c) Two-digit reference number: R	EF=				
2) Do you need an interpreter for the appeal he	earing? \square Yes \square No				
If you need an interpreter, identify your preferred language of communication:					
3) File your appeal of the "Unemployment Insurance Decision" with the Unemployment Insurance Appeals Bureau:					
FAX (515) 478-3528 - OR -	Iowa Department of Inspections & Appeals Administrative Hearings Division Unemployment Insurance Appeals Bureau Wallace State Office Building 502 East 9th Street Des Moines, IA 50319				
B. I want to appeal the "Administrative Law Judge					
I) Provide the following information from the top of the first page of the "Administrative Law Judge Decision."					
	××-×				
2) File your appeal of the "Administrative Law Judge Decision" with the Employment Appeal Board:					
FAX (515) 281-7191	R - Employment Appeal Board Lucas State Office Building Fourth Floor Des Moines, IA 50319				

Date