

CLAIMANT APPEAL FORM

You may use this form to file an appeal if you've received a "Determination Notice" from us and you disagree with it. If you haven't received a "Determination Notice," you can't appeal.

For instructions on filing an appeal, refer to the "Determination Notice." You also can visit our website (esd.wa.gov) and read the "Handbook for Unemployed Workers" and "How to File an Appeal" brochure. Use the search box to find these items.

SSN/ID#: _____ First and last name: _____

Current address (if different from the "Determination Notice"): _____

Phone #: (____) _____ Email address: _____

Signature (required): _____

(We can't accept your appeal without your signature.)

Date of determination: _____ Employer name (if applicable): _____

*(See the "Determination Notice."
Refer to one decision per appeals form.)*

Interpreter needed Preferred language: _____

Why do you disagree with the determination? If your appeal is late, explain why it is late.

Print this page and submit once by fax or mail to the address listed below with any additional information you wish to provide.

Visit your local WorkSource office if you need help faxing the appeal.