



COMMONWEALTH of VIRGINIA
Virginia Employment Commission

Commission Appeals, P.O. Box 26441, Richmond, Virginia 23261-6441
804-786-4140 FAX 804-786-9034

Notice of Appeal

00041699036006730654

A-CLA-010



NAME
Street Address
City, State, Zip

SSN: xxx-xx-XXXX
Docket: UI-*****-C

CLAIMANT
Name
LIABLE EMPLOYER
Name

The (appellant) filed an appeal on (Month day year) of the Appeals Examiner's Decision mailed (Month, Day, Year).
The decision held (finding).

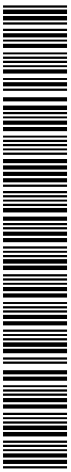
The Commission usually decides appeals by reviewing the evidence in the record collected by the Appeals Examiner,
including the recording of the Appeals Examiner's hearing. The Commission will not schedule a hearing in this case
unless you make a written request. In your request, you must tell us why you disagree with the Appeal's Examiner's
Decision, and whether you want to present more testimony and evidence. You must send your written request within
fourteen (14) days from (date mailed below). In person hearings are held in Richmond, Virginia. The Commission
can approve hearings by telephone if all parties agree.

The Commission can approve your request for additional testimony and evidence if you could not have given it to the
Appeals Examiner and it is new information.

This Notice of Appeal mailed on the ** day of Month, Year.

Stephanie L. De La Cruz
Clerk of the Commission

READ AND FOLLOW THE IMPORTANT INSTRUCTIONS ON REVERSE SIDE



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IMPORTANT INFORMATION

Weekly Claims: The claimant should note that eligibility to receive benefits is established on a week-to-week basis. It is important that you continue to file your weekly claim as directed while the appeal is pending to protect your continuing right to benefits. Failure to file your claims promptly may result in the denial of benefits. If a claimant receives payments as a result of a decision that is ultimately reversed, repayment of benefits will be required.

Change of Address: You must tell us if your address changes. Filing a change of address with the U. S. Postal Service does not change your address with the Commission.

Canceling your Appeal: You must tell us in writing if you want to cancel your appeal. The Commission will decide if the appeal should be canceled and send you a letter.

Hiring an Attorney: If you hire an attorney, you are responsible for paying for that service. Free legal services may be available by contacting the Legal Aid Society in your community at 1-866-534-5243. You may also obtain an attorney by contacting the Lawyer Referral Service of the Virginia State Bar at 1-800-552-7977. If you hire an attorney you must tell us their name, address and telephone number..

Mail or fax all your letters about this appeal to:

Clerk of the Commission
Virginia Employment Commission
P. O. Box 26441
Richmond, Virginia 23261

Fax # 804-786-9034

This Notice of Appeal was mailed this ** day of Month, Year, to the following:

CLAIMANT: Name, Street Address, City, State, Zip

LIABLE EMPLOYER: Name, Street Address, City, State, Zip