

APPEAL TRIBUNAL

45 South Fruit Street PO Box 2009 CONCORD, NH 03302-2009



APPEAL REQUEST

For more information, see RSA 282-A:48; RSA 282-A:60; RSA 282-A:64; and RSA 282-A:95.

CLAIMANT NAME:	SS#: XXX-XX-
REQUEST BY: Claimant OR Employer (NAME):	
I APPEAL DETERMINATION OR DECISION:	ISSUED:
DTM ID, DOCKET, or EMP ACCT #	DATE ISSUED
PROVIDE EVERY REASON* WHY YOU DISAGREE:	
IF IT IS MORE THAN 14 DAYS AFTER THE DATE ISSUED, G	IVE THE REASON(S)* WHY THE REQUEST IS FILED LATE:
* IF MORE SPACE IS NEEDED, USE	E THE BACK OR ADDITIONAL PAPER.
DO YOU NEED AN INTERPRETER (LIMITED ENGLISH PRO	FICIENCY OR HEARING-IMPAIRED)? No Yes
IF "YES", WHAT IS YOUR PREFERRED LANGUAGE?	
	for each week of unemployment during the appeal process be paid benefits for weeks that are filed timely.
SIGNATURE	NAME (IF NOT THE CLAIMANT)
JOB TITLE (IF NOT THE CLAIMANT)	EMAIL ADDRESS
TELEPHONE NUMBER	DATE
LOCAL OFFICE	
USE: Received by Office	Date

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