



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- _____

Four empty boxes for Social Security number digits.

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, GIVE THE REASON WHY THE REQUEST IS FILED LATE:*

* IF MORE SPACE IS NEEDED, USE THE BACK OR ADDITIONAL PAPER.

DO YOU NEED AN INTERPRETER (LIMITED ENGLISH PROFICIENCY OR HEARING-IMPAIRED)? [] No [] Yes

IF "YES", WHAT IS YOUR PREFERRED LANGUAGE? _____

CLAIMANT: I know I need to continue to file claims for each week of unemployment during the appeal process.
If I win my appeal, I know that I may only be paid benefits for weeks that are filed timely.

SIGNATURE DATE TELEPHONE NUMBER

NAME (IF NOT THE CLAIMANT) JOB TITLE (IF NOT THE CLAIMANT)

OFFICE USE: Received by Office Date

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