

**SECTION II: REQUEST FOR UNEMPLOYMENT APPEALS
COMMISSION REVIEW**

NOTICE: Appeals cannot be filed at a local "one-stop" office. The Unemployment Appeals Commission will not hold a hearing. This form is not intended for use in filing an appeal with a District Court of Appeal.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Claimant Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____

Employer Name (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____

REPRESENTATIVE – If you are filing on behalf of a party, provide the following:

Name of Representative: _____
Address: _____
City: _____ State: _____ Zip: _____

I AM APPEALING REFEREE DECISION NO. _____, DATED _____

I appeal because:

Important: If you did not attend the referee's hearing, you **must** explain your nonappearance.
() I did not attend the hearing because:

Important: Late appeals are subject to dismissal. If your appeal is not being filed within 20 calendar days of the mailing date of the referee's decision, you **must** explain why your appeal is late. The date of filing will be based on the postmark or, if faxed, the date the appeal is date-stamped received by the U.A.C. Parties are urged to contact the U.A.C. (850-487-2685) to verify that the faxed appeal was received.
() My appeal is late because:

Signature: _____ Print Name: _____ Date: _____
I am: () the claimant; () the claimant's representative; () the employer; () the employer's representative

MAIL OR FAX THIS FORM TO:

**Unemployment Appeals Commission
Suite 101, Rhyne Building
2740 Centerview Drive
Tallahassee, FL 32399-04151
Fax: (850) 488-2123**