

Signature

Unemployment Insurance Appeal Form FORM 60-0169 (02-16) 3090604

FOR AGENCY USE ONLY

Date received (if no postmarked envelope):

Claimstaker:

Date

Attention: Unemployment Insurance Appeals Bureau and Employment Appeal Board proceedings are open to the public. This means that the public and media have access to the hearings, exhibits, transcripts, recordings, and decisions without prior notice to you. Unemployment Insurance Appeals Bureau decisions are posted online.

Provide the following claim information.	
I) Claimant:	3) Other interested party (if applicable):
2) Employer:	4) Decision date: / /
Provide the following personal information.	
I) Name:	3) Email:
2) Phone number:	4) Mailing address:
\Box I am the claimant or claimant's representative. \Box I am the employer or employer's representative.	If you are the claimant or employer's representative, identify your relationship to the party (e.g., Manager, Attorney):
Provide your reason for appealing:	
· · · · · · · · · · · · · · · · · · ·	pper right of the "Unemployment Insurance Decision." cial Security Number: XXX-XX
2) Do you need an interpreter for the appeal he	earing? \square Yes \square No
If you need an interpreter, identify your preferred language of communication:	
File your appeal of the "Unemployment Insur FAX (515) 478-3528	rance Decision" with the Unemployment Insurance Appeals Bureau: Iowa Workforce Development Appeals Bureau 1000 East Grand Avenue Des Moines, IA 50319
B. I want to appeal the "Administrative Law Judge	Decision."
	top of the first page of the "Administrative Law Judge Decision."
	Judge Decision" with the Employment Appeal Board:
FAX (515) 281-7191	Employment Appeal Board