



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- _____

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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(S)* 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	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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