

## APPEAL FORM

If you disagree with the Notice of Determination(s) and/or Determination(s)/Rulings by the EDD, you may appeal the decision(s) to the California Unemployment Insurance Appeals Board (CUIAB) by completing this form and explaining why you disagree. You must sign the form and return it to the EDD at the office address listed on the notice that you are appealing. **YOU HAVE 30 DAYS FROM THE MAIL DATE OF THE NOTICE TO FILE A TIMELY APPEAL.** If you appeal after the 30-day period, you must include the reason for the delay. The administrative law judge (ALJ) will determine whether you had good cause for the delay. If the ALJ determines you did not have good cause to submit your appeal late, your appeal will be dismissed.

**CLAIMANTS:** While your appeal is pending, **you must continue to certify for benefits.** If you are found eligible, you can be paid only for periods for which you have certified and have met all other eligibility requirements.

NOTE: Claimants for Disaster Unemployment Assistance (DUA) have 60 days to file an appeal. Employers appealing the *Notice of Determination or Assessment, DE 3807*, have 30 days to file an appeal.

### SECTION I APPELLANT INFORMATION

**INSTRUCTIONS:** The following information must be provided by the Appellant (the claimant or employer who is appealing a notice), or by the authorized agent or representative of the Appellant. The signature of the Appellant or agent is required. Please use **BLACK INK** when filling out this form.

Claimant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you need a translator?  Yes  No If yes, what language/dialect? \_\_\_\_\_

Appellant Address: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street No., Apt. No., or P.O. Box

\_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City State ZIP Code

E-mail Address: \_\_\_\_\_ Cell Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- I authorize the CUIAB to send confidential information regarding my appeal to the e-mail address listed above.
- I authorize the CUIAB to send confidential information regarding my appeal by text message or voice mail to the cell phone number listed above.

### Complete this section for employer appeals only

Employer Account Number: \_\_\_\_\_ Agent Name (if applicable): \_\_\_\_\_

Agent Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Street No., Apt. No., or P.O. Box

### SECTION II APPELLANT STATEMENT

**INSTRUCTIONS:** Explain the reason for your appeal and why you disagree with the decision(s). If required, attach additional pages to this form and write your name and Social Security number on each page.

I disagree with the determination in the notice dated \_\_\_\_\_ because

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Signature of Appellant or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

## DAIM NTAWV ROV HAIS DUA

Yoj koj tsis pom zoo raws li Daim Ntawv Qhia Qhov Tsom Xam thiab/los sis lub Tuam Tsev EDD kev Txiav Txim Siab yuav qhov Kev Tsom Xam ntawd lawm, muab koj daim ntawv no qhia cov ntsiab lus kom meej tias yog vim li cas koj thiaj tsis pom zoo xa mus hais dua txog lawv qhov kev txiav txim siab ntawd tau ntawm xeev Kaslisfausnias Pawg Thawj Tswj lub Tuam Tsev Saib Cov Neeg Poob Hauj Lwm (CUIAB). Koj yuav tsum kes npe rau daim ntawv no es muab xa rov qab mus rau EDD ntawv qhov chaw nyob uas muaj nyob rau ntawm daim ntawv tshab xo tias koj yuav rov qab mus hais dua ntawd. **KOJ MUAJ 30 HNUB PIB TXIJ LI HNUB KOJ XA DAIM NTAWV TSHAB XO TXOG QHOV YUAV HAIS DUA NO MUS UA KOM TIAV DAIM NTAWV TEEM CAIJ ROV MUS HAIS DUA.** Yog koj mus hais tom qab 30 hnuv ntawd lawm, koj yuav tsum qhia seb qhov qeeb ntawd yog vim lcas. Tus Thawj Txiav Plaub (ALJ) mam soj ntsuam saib qhov koj lig ntawd puas tsim nyog. Yog tus ALJ xam pom tias qhov koj tuaj hais lig ntawd tsis muaj pov thawj txaus, ces yuav muab qhov koj thov hais dua no lawb mus.

**COV THOV NYIAJ:** Lub caij tseem nyob tos qhov yuav Rov Mus Hais Dua ntawd, **koj yuav tsum niaj hnuv qhia koj cov nyiaj raws caij nyog mus tsis txhob pub tu ncuu.** Yog xam pom tias koj yuav tsum tau nyiaj pab, koj yuav tau nyiaj rau cov sij hawm uas koj niaj hnuv mus hais qhia ntawd thiab tseem yuav tau kev pab lwm yam uas koj tsim nyog tau txais ntxiv thiab.

CIM CIA: Cov thov Nyiaj Poob Hauj Lwm Vim Raug Kev Puam Tsuj muaj 60 hnuv ua daim ntawv Rov Mus Hais Dua. Cov Tsev Hauj Lwm uas rov mus hais dua raws li *Daim Ntawv Tsom Xam los yog Soj Ntsuam*, DE 3807, muaj 30 hnuv ua daim ntawv rov mus hais dua.

### **NQI 1. TUS YUAV ROV MUS HAIS DUA**

**COV LUS QHIA UA DAIM NTAWV:** Tus yuav rov mus hais dua (tus ua hauj lwm los yog tus muaj tsev hauj lwm uas yuav rov mus hais dua) yuav tsum teb cov lus muaj nyob hauv nov txhua lo, los yog tus tau lus tso cai kom ua tus sawv cev tus neeg yuav rov qab mus hais dua. Tus yuav rov mus hais dua lo yog tus sawv nws cev yuav tsum kes nws lub npe. Thov siv cov **KUA MEM DUB** ua daim ntawv no.

Tus Yuav Rov Mus Hais Dua Lub Npe: \_\_\_\_\_ Tus Leb Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Koj puas xa kom muaj tus txhais lus?  Muaj  Tsis muaj Yog muaj no, xav tau hom lus twg? \_\_\_\_\_

Tus yuav rov mus hais dua chaw nyob: \_\_\_\_\_ Tus Xovtooj: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Leb tsev, txoj kev, chav nyob, los yog chaw xa ntawv "P.O. Box"

\_\_\_\_\_ Xovtooj Nquam Ntawv: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Lub Nroog Xeev tus leb "ZIP Code"

Tus E-mail: \_\_\_\_\_ Xovtooj ntawm tes: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- Kuv tso cai rau CUIAB xa kuv cov ntawv hais txog tej kuv yuav rov qab mus hais dua mus rau cov "e-mail" saum no.
- Kuv tso cai rau CUIAB xa kuv cov ntawv hais txog tej kuv yuav rov qab mus hais dua mus rau cov xovtooj sau ntawv los yog cov xovtooj kaw lus ntawm cov xov tooj muaj nyob saum no.

### **Nov yog tus tswv hauj lwm ua nkaus xwb**

Tus Leb Cim Tsev Hauj Lwm: \_\_\_\_\_ Tus Sawv Cev Npe (yog muaj): \_\_\_\_\_

Tus Sav Cev Chaw Nyob: \_\_\_\_\_  
Tus leb tsev, txoj kev, chav tsev los yog chaw xa ntawv "P.O. Box" Nroog Xeev Tus leb "ZIP Code"

### **NQI. II TUS YUAV ROV MUS HAIS DUA COV LUS**

**COV LUS QHIA UA DAIM NTAWV :** Piv cov niam tswv yim uas koj yuav rov mus hais ntawd tias yog vim li cas koj thiaj tsis pom zoo raws li qhov lawv txiav txim ntawd. Yog lawv kom koj muaj ntau yam ntxiv, koj yuav tau lo ib co ntawv uas yuav pab tau koj ntxiv rau thiab sau koj tus leb Social rau txhua daim hu tib si.

Kuv tsis pom zoo qhov nej xam pom raws li tsab ntawv tshab xo hnuv tim \_\_\_\_\_ vim tias  
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**Kes npe**  
**Tus Rov Tuaj Hais Dua los yog Tus Sawv Cev:** \_\_\_\_\_ **Hnuv tim:** \_\_\_\_\_