

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 _____

Signature of Appellant or Agent: _____ Date: _____

上訴申請表格

如果您不同意 EDD 的決定和/或仲裁，您可以填寫本表格說明您不同意的原因，就該裁決向加州失業保險上訴委員會 (CUIAB) 進行上訴。您必須在表格末尾簽名，並且寄回您就其上訴的通知上所列的 EDD 辦公室地址。**自通知郵寄之日起您有 30 日的時間提出上訴。**如果您在該 30 日後提出上訴，您必須說明推遲提出上訴的原因。行政法官 (ALJ) 將對您推遲申請上訴原因的合理性進行審查。如果行政法官認定您推遲申請上訴的原因不合理，感您的上訴將會被駁回。

申請人：在上訴期間，您必須繼續提供福利證明。如果您被認定為具有資格領取福利款，那麼將僅支付您已證明且符合所有其他資格要求的期間的福利款。

註：災難失業援助 (DUA) 的申請人可以在 60 日內提起上訴。就《決定和評估通知》即 DE 3807 提起上訴的僱主有 30 日時間提起上訴。

第一部分 上訴人的資訊

說明：以下資訊必須由上訴人 (就通知提起上訴的申請人或僱主) 或者上訴人授權的代理人或代表提供。要求上訴人或其代理人簽名。請用**黑色墨水筆**填寫本表格。

申請人姓名：_____ 社會安全號碼：_____ - ____ - _____

您是否需要翻譯人員？ 是 否 如果是，何種語言/方言？ _____

上訴人地址：_____ 電話號碼： (____) _____ - _____
街道號碼、公寓樓號或郵局信箱

_____ 傳真號碼： (____) _____ - _____
市 州 郵政編碼

電子郵件地址：_____ 手機號碼： (____) _____ - _____

我授權 CUIAB 向上述所列的電子郵件地址發送關於我上訴的保密資訊。

我授權 CUIAB 通過文字或者聲訊的方式向以上所列的手機號碼發送關於我上訴的保密資訊。

此部分僅供僱主上訴填寫

僱主賬號：_____ 代理人名稱 (如有)：_____

代理人地址：_____ 市 _____ 州 _____ 郵政編碼 _____
街道號碼、公寓樓號或郵局信箱

第二部分 上訴人的陳述

說明：說明您上訴的原因以及不同意裁決的願意。如果有需要，可以為本表格提供附頁，並在每頁上寫明您的姓名和社會安全號碼。

我不同意_____ (日期) 通知的決定，原因如下：

上訴人或其代理人簽名：_____ 日期：_____