

**Virginia Employment Commission
Commission Appeals**

Name: _____

Address: _____

City & State: _____

Claimant ID #: _____ Telephone Number: _____

I wish to appeal an Appeals Examiner's decision. Decision #: _____

Your Decision Number is on the decision. If you do not provide the Decision Number, your form is not an appeal. We will forward the form to the Customer Call Center for reference if you call for information.

My reason for appealing the Appeals Examiner's decision:

Why I filed the appeal after the final date to appeal indicated on the Appeals Examiner's decision:

Do you need an interpreter? Yes _____ No _____
If your answer is yes, please provide the language: _____

Signature

Date

**Mail form to:
Virginia Employment Commission
Commission Appeals
P.O. Box 26441
Richmond, VA 23261-6441**

**Fax form to:
(804) 786-9034**

A-CLA-LOA