

**IMPORTANT! — READ THE INFORMATION ON THE REVERSE OF THIS FORM BEFORE FILING AN APPEAL.
EXPRESS APPEAL FILING INFORMATION IS INCLUDED.**

If you want to appeal a notice of determination, you must file by the last date to appeal as indicated on the determination. To ensure prompt filing, use the express link www.uc.pa.gov/appeals, complete the UC-46B, Petition for Appeal, and file directly to the electronic resource account of the UC Service Center listed on your determination. You may also file the appeal by fax or mail by completing Section I below and returning this form in accordance with the appeal instructions on the notice of determination.

FOLLOW THE APPEAL INSTRUCTIONS CAREFULLY.

SECTION I: TO BE COMPLETED BY PERSON FILING APPEAL

CLAIMANT'S NAME AND ADDRESS: _____
 DATE OF DETERMINATION BEING APPEALED _____
 CLAIMANT'S SOCIAL SECURITY NO. _____
 CLAIMANT'S TELEPHONE NO. (_____) - _____
 EMPLOYER'S NAME AND ADDRESS WHERE THE CLAIMANT LAST WORKED: _____
 EMPLOYER'S TELEPHONE NO. (_____) - _____

REASON(S) FOR DISAGREEING WITH THE DETERMINATION AND FILING THIS APPEAL ARE:

I certify that all information I have provided in this document is correct and complete. I acknowledge that false statements in this document are punishable pursuant to 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

NAME OF PERSON FILING APPEAL

SECTION II: TO BE COMPLETED ONLY BY THE UC SERVICE CENTER

APPEAL FILED ON _____ REFEREE OFFICE _____ APPEAL NO. _____
 APPEAL FILED BY: CLAIMANT EMPLOYER EMPLOYMENT SECURITY
 APPEAL RECEIVED BY: UCSC PA CAREERLINK® PERSONALLY DELIVERED POSTMARKED FAXED OTHER
 TYPE CLAIM: UC UCFE UCX EB DUA TRA TRADE ACT PETITION NO. _____ OTHER _____ NAFTA PETITION NO. _____
 APPELLANT REQUIRES ASSISTANCE BECAUSE OF DISABILITY WITH: HEARING SPEECH VISION
 FOR THE FOLLOWING SPOKEN LANGUAGE _____ OTHER _____
 ELIGIBLE SECTION(S) _____ INELIGIBLE SECTION(S) _____
 APPLICATION FOR BENEFITS DATE _____ CLAIM WEEK(S) RULED ON _____
 _____ UC SERVICE CENTER _____
SIGNATURE OF APPEAL CLERK

NAME AND ADDRESS OF EMPLOYER(S) AND ANY OTHER PARTY INVOLVED IN THE CLAIMANT'S ELIGIBILITY
 EMPLOYER'S ADDRESS _____ EMPLOYER'S REPRESENTATIVE (IF ANY) _____

INFORMATION ABOUT THIS FORM AND THE APPEAL PROCESS

What is the purpose of this form?

This is an appeal form. **If you decide to appeal, please read your UC Service Center determination for information on where to file your appeal.** You may complete this form online at www.uc.pa.gov/appeals. Follow the instructions to file the appeal by clicking the UC Service Center noted on your determination to complete an online UC-46B, Petition for Appeal. If you wish to file by fax or mail, you may use [this](#) form to appeal the enclosed notice of determination. If you file an appeal, a copy of the completed form will be sent to all parties.

Do I qualify to file an appeal?

If you are the claimant, you may appeal if the determination denies UC benefits and you think you should be eligible for benefits. If you are the employer, you may appeal if the determination grants benefits and you think the claimant should be ineligible or eligible for fewer benefits. You must indicate your reason for filing an appeal.

What do I do if I have questions?

Do not use this form to ask questions about the enclosed determination or UC benefits. This form should be used only to file an appeal. If you have any questions about UC, call the UC Service Center listed on the determination. If you would like to ask a question before you decide whether to appeal, call promptly because an appeal must be filed within 15 days after the determination is issued.

What happens if I file an appeal?

After your appeal is received and processed, the front of this form will be completed and returned to you as notification that it has been processed. You may also receive a copy of this appeal if the aggrieved party has filed an appeal.

If an appeal is filed, a UC referee will conduct a hearing where the parties and their witnesses can give testimony under oath. The parties may arrange for witnesses with firsthand knowledge of the facts to participate in the hearing. Firsthand knowledge refers to something which the witness actually saw or heard, as distinguished from something learned from some other person or source. Information learned secondhand might not, depending on the circumstances, be considered at the hearing.

If the hearing concerns the claimant's separation from employment, and the claimant quit his or her job, the claimant will be ineligible for benefits unless the claimant proves that there was a necessitous and compelling reason to voluntarily leave work. If the employer discharged the claimant, the claimant's separation will not be disqualifying unless the employer proves that the claimant was dismissed for willful misconduct or the claimant's unemployment is his or her fault.

At the hearing, the referee will try to obtain testimony about all of the facts relevant to the appeal. The referee will issue a decision after the hearing and mail a copy to the parties.

May I have legal representation?

Whether you are the claimant or the employer, you may file your own appeal and represent yourself throughout the appeal process, or you may have an attorney or any other advocate represent you. If you are the claimant and you qualify, free legal assistance may be available from the legal services organization serving your area, your local bar association, or a law school clinic.

Should I file claims while an appeal is pending?

Yes. If the employer appeals a determination granting you benefits, you can receive benefits while the appeal is pending. If you appeal a determination denying benefits and the appeal is decided in your favor, only benefits for weeks that you claimed while the appeal was pending can be paid. Therefore, if you remain partially or fully unemployed while an appeal concerning your eligibility is pending, **continue to file claims for benefits**. UC Claims can be filed by calling Pennsylvania Teleclaims System (PAT) or by Internet at www.uc.pa.gov. Your UC Service Center can assist you if you are unable to file.

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*