

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 20 DAYS FROM THE MAIL DATE OF THE NOTICE TO FILE A TIMELY APPEAL.** If you appeal after the 20-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: _____
Street No., Apt. No., or P.O. Box City State ZIP Code

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: _____

上訴表

如果您不同意 EDD 的決定通知及（或）決定／裁決，您可以填寫這份表格並解釋您不同意的理由，向加州失業保險上訴委員會（CUIAB）提出上訴。您必須在表格上簽名並按照您提出上訴的通知上的辦公室地址寄給 EDD。您可在通知的郵寄日期起 20 天內提出上訴。如果您在 20 天之後提出上訴，您必須註明延遲的理由。行政法官（ALJ）會決定您的延遲理由是否正當。如果行政法官認定您沒有正當理由延遲提出上訴，您的上訴將會被撤銷。

索賠者：在您的上訴待決期間，您必須繼續為福利提出認證。如果裁定您符合資格，您只會在提出認證而且達到其他所有資格要求的期間獲得付款。

附註：災難失業援助（DUA）索賠者可在 60 天內提出上訴。對決定或評估通知（DE 3807）提出上訴的雇主可在 30 天內提出上訴。

第一部分 申請者資訊

說明：以下資訊必須由上訴人（對一項通知提出上訴的索賠者或雇主）或上訴人的授權代理人或代表提供。上訴人或代理人必須簽名。請用黑色墨水填寫本表格。

索賠者姓名：_____ 社會安全號碼：_____ - _____ - _____

您需要翻譯員嗎？ 是 否 如果是，需要什麼語言／方言？ _____

上訴人姓名：_____ 電話號碼： (____) _____ - _____

街道號碼，公寓號碼或郵政信箱

_____ 市 _____ 州 _____ 郵遞區號 傳真號碼： (____) _____ - _____

電子郵址：_____ 手機號碼： (____) _____ - _____

我授權 CUIAB 將有關我上訴的機密資訊寄到上述的電子郵址。

我授權 CUIAB 將有關我上訴的機密資訊用簡訊或語音留言寄到上述的手機號碼。

本欄僅供雇主上訴使用

雇主帳號：_____ 代理人姓名（若適用）：_____

代理人地址：_____ 市 _____ 州 _____ 郵遞區號

街道號碼，公寓號碼或郵政信箱

第二部分 上訴人聲明

說明：請解釋您的上訴理由以及您不同意決定的原因。若有需要，在本表格隨附紙張，並在每張紙寫下您的姓名和社會安全號碼。

我不同意日期為_____ 通知的決定，原因如下：

上訴人或代理人簽名：_____ 日期：_____