

UI Appeal Letter

Date: _____

To: Employment Security Department
P.O. Box 19018
Olympia, WA 98507-0018
Fax: 1-800-301-1795

Name: _____

Address: _____

Telephone #: _____

Claimant ID #: _____

Dear Employment Security Department,

I disagree with the decision denying me unemployment benefits in Letter ID:

_____ (see bottom right corner of determination letter). I

would like a hearing to discuss this matter. If there are any other decisions that deny me benefits, I would like to appeal them as well.

Sincerely,

Signature: _____