

# PETITION FOR APPEAL

SEE ADDITIONAL INFORMATION ON REVERSE

**IMPORTANT! – READ THE INFORMATION ON THE REVERSE OF THIS FORM BEFORE FILING AN APPEAL.**

If you want to appeal the enclosed notice of determination, complete Section 1 below and return this form in accordance with the appeal instructions on the determination. To be timely, an appeal must be filed by the last date to appeal as indicated on the 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. \_\_\_\_\_  
WORK ADDRESS OF THE EMPLOYER INVOLVED IN THE APPEAL: \_\_\_\_\_

Employer's telephone no. ( ) -

REASONS FOR DISAGREEING WITH THE DETERMINATION AND FILING THIS APPEAL ARE:

NAME OF PERSON FILING APPEAL \_\_\_\_\_

ADDRESS OF PERSON FILING APPEAL \_\_\_\_\_

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

APPEAL NO. \_\_\_\_\_

APPEAL FILED BY:  CLAIMANT  EMPLOYER  EMPLOYMENT SECURITY on \_\_\_\_\_  
APPEAL RECEIVED BY:  UCSC  PA CAREERLINK  PERSONALLY DELIVERED  
 POSTMARKED  FAXED  \_\_\_\_\_

TYPE CLAIM:  UC  UCFE  UCX  EB  DUA  TRA  OTHER \_\_\_\_\_ TRADE ACT PETITION NO. \_\_\_\_\_ 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 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPEAL CLERK UC SERVICE CENTER:

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. If the front of this form is blank**, you may use this form to appeal the enclosed unemployment compensation (UC) determination. If you file an appeal, a copy of the completed form will be sent to all parties. **If the front of this form is completed**, you are being advised that an appeal has been filed from the determination indicated in Section 1 on the front of this form.

## Do I qualify to file an appeal?

If you are the claimant, you may appeal if the determination denies benefits and you think you should be eligible for benefits, or the determination grants benefits and you think you should be eligible for more 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.

## 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?

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 should arrange for witnesses with firsthand knowledge of the facts to participate in the hearing. Firsthand knowledge means that witnesses directly observed, heard, or participated in the matters they are testifying about. What witnesses 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 benefits to you, 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.** Claims can be filed by calling the Pennsylvania Teleclaims System (PAT) or by mail, as instructed by the UC Service Center. Your UC Service Center can provide further information regarding your eligibility for benefits.

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