

**Virginia Employment Commission
Commission Appeals**

Claimant Name: _____

Claimant ID #: _____

Employer Name: _____

Person Filing the Appeals: ☐ Claimant ☐ Employer

Mailing Address of Person Filing Appeal _____

City & State: _____

Telephone Number: _____

I wish to appeal a Decision of Appeals Examiner: Decision Number(s): _____

The Decision Number is on the first page of the Decision of Appeals Examiner. If you received more than one decision that you wish to appeal, please include the decision number for each decision you want to appeal.

My reason for appealing the Decision of Appeals Examiner:

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

Do you need an interpreter or an accommodation? ☐ Yes ☐ No

If your answer is yes, please provide the language need or accommodation requested:

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-CA-LOA

**To receive faster communication, please register online. Claimants register at uidirect.vec.virginia.gov.
Employers register at business.tax.virginia.gov**