IDAHO
DEPARTMENT OF LABOR
C.L. "BUTCH" OTTER, GOVERNOR
MELINDA S. SMYSER, DIRECTOR

REQUEST FOR APPEALS HEARING

In the Matter of the Claim of:

Name: **SSN# (last 4):** **OR Claimant ID#:**

Address: **Interpreter Needed:** ☐ **Yes** ☐ **No**

City, State, Zip Code: **Language:**

Phone Number:

I wish to protest the determination made by the Idaho Department of Labor dated .

Reason for Appeal (Please be brief):

Signature **Date**

Appeals must be filed in writing and signed by the appellant or their representative. The appeal may be filed by faxing it to (208) 334-6440, or mailing it to the Appeals Bureau at **317 W. Main Street, Boise, Idaho 83735**. Please feel free to use a fax machine at any of our local offices, free of charge.

The date of personal delivery shall be noted on the appeal and shall be deemed the date of filing. A faxed appeal that is received by the Appeals Bureau by 5 p.m. Mountain time on a business day shall be deemed filed on that date. A faxed appeal that is received by the Appeals Bureau on a weekend, holiday or after 5 p.m. Mountain time on a business day shall be deemed filed on the next business day. If mailed, the appeal shall be deemed to be filed on the date of mailing as determined by the postmark on the request.

What to Expect:
Once your appeal has been filed, you will receive complete instructions, by mail, of what is needed for the hearing. The date and time of your scheduled appeals hearing will be included in this mailing.

AN APPEALS HEARING IS AN ENTIRELY NEW DETERMINATION OF ELIGIBILITY BASED ON THE SWORN TESTIMONY IN THE HEARING.

IMPORTANT NOTE TO CLAIMANTS

Claimants should continue to file for all benefit weeks that they would wish to be paid for while waiting for the appeal hearing and the results of that hearing. If a claimant does not file for a week, or does not meet all of the personal eligibility criteria for any week they have filed for, that week will not be paid.