

IDAHO WAGE & HOUR SECTION APPEAL REQUEST FORM

IDAHO DEPARTMENT OF LABOR

CLAIM # _____

NAME OF PARTY REQUESTING THIS APPEAL: (Please Print) _____

**CLAIMANT
NAME/ADDRESS:**

Phone #: _____

**RESPONDENT/EMPLOYER
NAME/ADDRESS:**

Phone #: _____

**CLAIMANT'S ATTORNEY
NAME/ADDRESS**

Phone: _____

**RESPONDENT'S ATTORNEY or REG. AGENT
NAME/ADDRESS**

Phone: _____

REASON FOR REQUESTING THIS APPEAL: _____

Signature: _____ **Date:** _____

Appeals must be filed in writing and signed by the appellant or their representative. The appeal may be filed by delivering, mailing, or faxing it, **to the Wage & Hour Section of the Department at the address indicated on the wage claim determination you are appealing.** 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 Wage & Hour Section by 5:00 p.m. (as of the time zone of the office receiving the appeal) on a business day shall be deemed filed on that date. A faxed appeal that is received on a weekend or holiday or after 5:00 p.m. (as of the time zone of the office receiving the appeal) 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. Emailed appeals will not be accepted.

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.

Idaho Department of Labor Wage & Hour Section Office Addresses

BOISE 219 W Main Street Boise, ID 83735 Fax: (208) 334-6222	BURLEY 127 W 5 th Street N Burley, ID 83318 Fax (208) 678-1765	KOOTENAI COUNTY 600 N. Thornton St Post Falls, ID 83854 Fax: (208) 773-5773	CANYON COUNTY 4514 Thomas Jefferson Ave Caldwell, ID 83605 Fax: (208) 454-7720	POCATELLO 430 N 5 th Avenue PO Box 4087 Pocatello, ID 83205 Fax (208) 236-6085
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For Department Use Only:
HEARING #: _____ **HEARING OFFICER:** _____
DATE OF HEARING: _____
TIME OF HEARING: _____