

IOWA WORKFORCE DEVELOPMENT – APPEALS BUREAU
1000 EAST GRAND AVENUE
DES MOINES, IOWA 50319-0209

DATE RECEIVED
IN LOCAL OFFICE
MUST BE NOTED: _____ By _____
(If no postmarked envelope) Claimstaker

NOTICE OF APPEAL/Application for Rehearing
60-0169 (01-06) - - 3090604

DATE OF DECISION	SOCIAL SECURITY NUMBER
DATE APPELLANT RECEIVED DECISION	NAME OF CLAIMANT
Proceedings before the Unemployment Insurance Appeals Bureau and the Employment Appeal Board are public records. This means that the public has access to the hearings, decisions, exhibits, transcripts, and recordings without prior notice to you. Decisions issued by the Unemployment Insurance Appeals Bureau are posted on the agency's website.	NAME OF EMPLOYER
	OTHER INTERESTED PARTY

Completion of a separate form is required for each action initiated below:

**I/We
wish to
CHECK
ONE**

Appeal this Decision of the Workforce Development Representative
(Mail to Iowa Workforce Development Appeals Bureau at the Address above.)

Appeal this Decision of the Administrative Law Judge
(Mail to the Employment Appeal Board, Address given below.)

Make application for rehearing of this Appeal Board Decision.
(Mail to Employment Appeal Board, Address given below.) Copies **SHOULD** be sent to **ALL** parties of record not joining in the application.

Employment Appeal Board – Lucas State Office Building – Fourth Floor – Des Moines, Iowa 50319

STATE SPECIFIC GROUNDS:

Signature of person appealing

Date signed

Current Address

If employer is appealing, enter title



Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.

Telephone Number (Include Area Code)