

UI CLAIMANT APPEAL FORM

This optional appeal form can be mailed or faxed directly to the department.

Mailing address:

Appeals Unit
Vermont Department of Labor
PO Box 488
Montpelier, VT 05601-0488

Fax: 802-828-4289

Name: _____

Mailing Address: _____

Last four digits of SSN: _____

Date of the determination being appealed: _____

Brief explanation of the issue(s) and why you are appealing: _____

Signature: _____

Printed Name: _____

Date: _____