UI Employer Appeal Form

Employer Appeal of a determination allowing Unemployment Insurance

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

Mailing address:	
Appeal Unit Vermont Department of Labor PO Box 488 Montpelier, VT 05601-0488	
Fax: 802-828-4289	
Name of Business:	
Mailing Address:	
Claimant's Name:	
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:	