

**Employer Appeal Form**  
Unemployment Insurance

<b>Employer Name:</b>	
<b>Employer Account Number:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	

**Appeal Determination of:**     Contribution Rate                       Assessment  
     Liability/ABC Test                       Claim for Unemployment Insurance Benefits

**Date of Determination:** \_\_\_\_\_

**Reason for appeal:**

*If this Appeal is for unemployment insurance benefits, you MUST include the claimant's name and last 4 digits of the Social Security Number.*

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**You may submit your Appeal:**

- By email to *labor.appeals@vermont.gov*
- By fax to the Appeals Unit at (802) 828-4289
- By U.S. mail: Appeals, Vermont Department of Labor, PO Box 488, Montpelier, VT 05601-0488
- In person at the administrative offices of the Vermont Department of Labor, 5 Green Mountain Drive, Montpelier, VT 05601

The postmark date of a mailed appeal, the email date of an emailed appeal, and the fax date of a faxed appeal will be considered the filing date for those respective submission types. An appeal filed in person will be date stamped by the person receiving the appeal, and the date stamped will be considered the filing date. Please include the name and date of the document(s) being appealed. Once your request for an appeal has been processed, you will be notified in writing of the date and time of a scheduled hearing. Additional information and assistance about filing an appeal is available at *labor.vermont.gov* or by calling the Appeals Unit at (802) 828-4368.