

STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Employment Security
Appeals Operations
220 French Landing Drive
Nashville, Tennessee 37243-1002



Telephone: (615) 741-1857
Facsimile: (615) 741-8933

NOTICE OF APPEAL

Claimant's Social Security Number _____

Claimant's Name _____ Employer's Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Claimant's Telephone _____ Employer's Telephone _____

I am the: claimant employer

I am appealing the: Agency decision dated _____ to the Appeals Tribunal.

Appeals Tribunal decision dated _____ to the Office of Administrative Review.

I believe the decision was incorrect because

I request a hearing: in person by telephone

Date _____

Signature _____

Title (if employer) _____