

REQUEST FOR RECONSIDERATION/APPEAL

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Unemployment Insurance Program
P.O. Box 29225, Mail Drop 5895, Phoenix, AZ 85038
Fax (602) 364-1210 or (520) 770-3357

Address

In the matter of the claim of:

CLAIMANT'S NAME *(Last, First, M.I.)*

SOC. SEC. NO. _____

EMPLOYER'S NAME _____

Este documento afecta su elegibilidad para seguro por desempleo. Si usted no lee inglés, comuníquese con la oficina de acceso rápido de reemplazo de Arizona (ARRA) al 602-364-2722 (Condado de Maricopa) 520-791-2722 (Condado de Pima) o 877-600-2722 (los demás áreas).

I disagree with the Determination of Deputy dated _____ involving the issue of: _____ and allege it is in error for the following reasons:

I also disagree with the determination of Overpayment dated _____ created by the above Determination of Deputy.

If request is not timely, state reason: _____

APPELLANT'S SIGNATURE _____ DATE _____

NOTICE TO CLAIMANT

If your Request for Reconsideration is denied, and you are still unemployed and wish to claim benefits, you should continue to file claims pending disposition of your appeal.

COMPLETED BY DEPARTMENT REPRESENTATIVE

REQUEST FILED:

In person on _____ *Date* By mail postmarked on _____ *Date* (envelope attached)

Received at _____ on _____

Claimant requests an interpreter Yes _____ *Language* No Information not available

NOTICE TO APPELLANT REGARDING RECONSIDERATION

Your request has been reviewed and a reconsidered Determination of Deputy will be issued.

Your request for reconsideration has been denied on _____ *Date* and this action will be forwarded to the Office of Appeals. The specific date and location for your appeal hearing will be provided in a separate communication. The hearing will be conducted in English *(unless you request an interpreter)*

BY *(Department Representative)* _____ APPROVED *(UI Manager)* _____

PAU-174 RESOLUTION CODE _____ ISSUE ID _____ PROGRAM CODE _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DES esta disponible a solicitud del cliente.