

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

My Address _____

In the matter of the claim of:

Claimant's Name *(Last, First, M.I.)* _____

Soc. Sec. No. _____

Employer's Name _____

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: _____

Would you like the Department to reconsider its determination(s) before forwarding your request to the Office of Appeals?

Yes, I am requesting reconsideration. If denied, my request will be forwarded to the Office of Appeals as an appeal.

I am appealing a Regular UI determination

I am appealing a PUA determination

No, I want my request to be sent straight to the Office of Appeals to be processed as an appeal.

Signature _____ Date _____

NOTICE: If you are still unemployed and wish to claim benefits, continue to file claims pending disposition of this request.

Este documento afecta su elegibilidad para recibir Seguro por Desempleo. Si usted no lee inglés, comuníquese con la oficina de Arizona Rapid Reemployment Access (ARRA) al 602-364-2722 (Condado de Maricopa) 520-791-2722 (Condado de Pima o 877-600-2722 (los demás áreas).

STOP HERE. THE NEXT SECTION WILL BE COMPLETED BY THE DEPARTMENT.

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 _____