

**Virginia Employment Commission
First Level Appeals
A-FLA-LOA**

Claimant Name: _____

Claimant ID #: _____

Employer Name: _____

Person Filing the Appeal: ☐ Claimant ☐ Employer

Mailing Address of Person Filing the Appeal: _____

City/State/Zip Code: _____

Telephone Number of Person Filing the Appeal: _____

I wish to appeal a Deputy's decision: Issue ID #: _____ Claim ID #: _____

Issue ID and Claim ID are on the top right of the decision. Your appeal MUST include them.

My reason for appealing the Deputy's decision:

Why I filed the appeal after the final date of appeal indicated on the Deputy's decision:

Do you need an interpreter or other accommodation? Yes ☐ No ☐

If yes, please provide the language/accommodation: _____

Signature

Date

**Mail form to: Virginia Employment Commission
First Level Appeals
P.O. Box 26441
Richmond, VA 23261-6441**

Fax form to: (804) 786-8492

**To receive faster communication, please register/file online.
Claimants register at uidirect.vec.virginia.gov. Employers register at business.tax.virginia.gov.**