ATTACHMENT 2

Colorado Department of Labor and Employment, Unemployment Insurance Program
P.O. Box 8988, Denver, CO 80201-8988

Claimant Social Security Number	Date Mailed
123-45-6789	07/10/2012
Employer Account Number	Last Day of Claim
987654.00-3	06/08/2013
Employer Charging Information	Deputy ID
Chargeable	0986
	Issue ID
	01

Joseph A Claimant
251 East 12th Avenue
Denver, CO 80201

NOTICE OF DECISION

Section of Law Used: 8-73-108 (4)(a)

Decision:
YOUR EMPLOYMENT ENDED WHEN YOUR HIRING AGREEMENT WAS COMPLETED.

IT IS DETERMINED YOU ARE ENTITLED TO BENEFITS ATTRIBUTABLE TO THIS EMPLOYMENT PROVIDED THAT YOU CONTINUE TO MEET ALL WEEKLY ELIGIBILITY REQUIREMENTS.

Any party to this decision may disagree with (appeal) it. To appeal, turn over this form and fill out the information on the other side. This decision is final unless we receive a written appeal no later than 20 calendar days from .

Claimant: Continue to request payment on CUBLine Online or CUBLine while you are waiting to hear about your appeal.

 MORE APPEAL INFORMATION IS ON THE OTHER SIDE OF THIS FORM

EXPLANATION OF APPEAL RIGHTS FOR A CLAIMANT OR EMPLOYER

Any party to this decision may disagree with (appeal) it. To appeal this decision, fill out the information on this form. This is your appeal form.

Deadline. We must receive your appeal no later than 20 days from the mailing date on the front of this form. If the 20th day falls on a weekend or state holiday, your appeal must be received by the next business day. The date we receive the appeal is considered the date of appeal.

Make copies. Make a copy of the front and back of this form before you send it, and keep the copy in case you need it later.

Send the front and the back of this form. Make sure you include a copy of the front of the form so that we know what decision you are appealing.

Mail your appeal or fax it. Do not do both.

Mail your completed appeal form and any supporting documents to Appeals Section, P.O. Box 8988, Denver, CO 80201-8988. Remember to include both sides of this form.

-or-

Fax your completed appeal form and any supporting documents to Appeals Section, 303-318-9248. Remember to include both sides of this form.

Once we process your appeal, we will send you more information. If you are scheduled for a hearing, we send you a letter with instructions and the date and time of a hearing that will occur shortly thereafter. At the hearing, you cannot bring up facts that we do not already have. You can talk about facts you have given us already, or you must send them to all parties listed on the letter, including us, before the hearing. The letter gives you more instructions and information.

If you appeal a decision about a job separation (why the person no longer works for the employer), we will mail you what both the claimant (the person who signed up for unemployment) and the employer said.

Late Appeals. Appeals received after 20 days from the mailing date on the front of this form are late. You must explain why you are late and why you disagree with the decision. Give as much detailed information as you can. A hearing officer will read your reason for being late to decide whether we can accept your appeal. We will send you a letter. If we accept your late appeal, the letter tells you so. (You will get another letter that gives you instructions and the date and time of a hearing with a hearing officer.) If we do not accept your late appeal, the letter tells you that your appeal has been dismissed. More appeal rights are on the letter.

Claimant: You must continue to request payment on CUBLine Online or CUBLine. If you received unemployment benefits based on a decision that gets changed, you may have to pay back the benefits you received.

1. Who is appealing this decision? ☐ Claimant ☐ Employer	2. Write the claimant's social security number
3. Has your address changed? ☐ Yes ☐ No If **Yes**, write your new address.	4. Will you be represented at the hearing by a lawyer, union business agent, or anyone else? ☐ Yes ☐ No If **Yes**, write the person's name, address, and telephone number
5. Do you need an interpreter? ☐ Yes ☐ No Do you know if anyone else taking part in the appeal needs an interpreter? ☐ Yes ☐ No ☐ Do Not Know If **Yes**, for what type of language? If we cannot find an interpreter, you may need to find one on your own.	6. If there is an employer's name and address on the front side of this form, write the address where you worked if it is not the same address.

7. **I disagree with the decision for the following reasons**. Make sure you give details. Please attach extra sheets of paper if you need to give more details.

The information provided is true, correct, and complete to the best of my knowledge and belief. I understand there are severe penalties, including fines and jail, for not telling the truth.

Signature of the Person Appealing	Date