

**OKLAHOMA EMPLOYMENT SECURITY COMMISSION
DOCUMENT OF APPEAL**

Appealing Party: Claimant Employer

Claimant Name: _____ Claim ID or SSN: _____

Employer Name: _____

Effective Date of Claim: _____ Determination Mail Date: _____

Appeal Reason

State your reason[s], in detail, for filing an appeal against a determination that you disagree with.

Special Needs

Please indicate below any needed special accommodations such as an interpreter during the hearing.

Late Appeal

If your appeal is not filed within ten days from the determination mail date, explain why. Late appeals without good cause may be dismissed.

Appealing Party's Signature *(not required if filing by phone)*

Date

Notice to Claimant

Claimants should continue to file weekly certifications while a claim is being appealed. Backdated claims for missed weeks will not be accepted.

THIS SECTION FOR OESC STAFF ONLY:

Appeal received by: In-person Mail Fax Phone Email

Postmark Date: _____ Section of Law: _____

Form # Appealing: _____ Overpayment #: _____

Staff Signature: _____ Date: _____