

## CLAIMANT'S NOTICE OF APPEAL

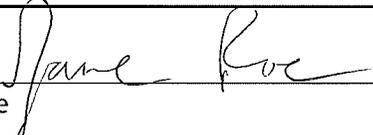
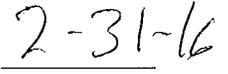
|   |   |
|---|---|
| Claimant's Full Name<br>Street Address<br>City, State, ZIP<br>Telephone number<br>Fax / e-mail (if available) | Jane Roe<br>123 Main Street<br>Anywhere NE 68999<br>(402) 301-3113<br>janeroe@email.com |
| Social Security Number  | XXX-XX-XXXX   |

PLEASE INDICATE REASONS FOR APPEAL IN THE SPACE BELOW:

I would like to appeal my determination, S2R1W15. I did not quit my former employer, Acme Widgets, LTD. They fired me when they did not have enough money to pay me for the rest of the year.

Please attach a copy of the Notice of Adjudicator's Determination with the Notice of Appeal  
 For more information, please visit the Tribunal's website at [dol.nebraska.gov/appealtribunal.htm](http://dol.nebraska.gov/appealtribunal.htm)

|  |  |
|--|--|
| Attorney / Rep. Name<br>Company / Firm Name<br>Business Address<br>City, State, ZIP<br>Telephone/Fax | (If you do not have an attorney, please leave blank) |
|--|--|

|   |  |   |
|---|--|---|
| Claimant's Signature or Authorized Agent: | <br>Signature | <br>Date |
|---|--|---|

| DO NOT ENTER INFORMATION BELOW |  | FOR TRIBUNAL USE ONLY   |
|--------------------------------|--|-------------------------|
| Date of Determination:         | :  | (Affix Date Stamp Here) |
| Received by (initials)         |  |                         |
| Adjudicator (initials):        |  |                         |
| Appeal timely filed?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Docket Number:                 |  |                         |

Please return the Notice of Appeal to: Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509.  
 You may also fax this to the Tribunal at (402) 471-1734.