

EMPLOYER'S NOTICE OF APPEAL

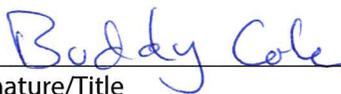
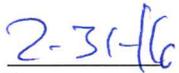
Name of Employer Business Address City, State, ZIP Telephone number Fax number	Acme Widgets LTD 321 Contact Way Anywhere NE 68999 Phone: (402) 555-9876 Fax: (402) 555-7524
Employer Account Number:	XXXXXXXXXX
Claimant's Name:	Jane Roe
Claimant's SS#:	XXX-XX-XXXX

PLEASE STATE THE REASON WHY YOU ARE APPEALING IN THE SPACE BELOW:

The employer would like to appeal Determination ID 6TED115. The claimant was discharged for violating the employer's attendance policy.

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

Attorney / Rep. Name Company / Firm Name Business Address City, State, ZIP Telephone/Fax	None (If the employer does not have an attorney or hearing representative, please leave blank)
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Signature of Individual completing form or Authorized Agent:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature/Title </div> <div style="text-align: center;">  Date </div> </div>
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DO NOT ENTER INFORMATION BELOW :

FOR CLAIMS CENTER 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