EMPLOYER'S NOTICE OF APPEAL

Name of Employer Business Address City, State, ZIP Telephone number Fax number	
Employer Account Number:	
Claimant's Name:	
Claimant's SS#:	

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

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	(If the employer does not have an attorney or hearing representative, please leave blank)
Signature of Individual completing form or Authorized Agent:	Signature/Title _____ Date _____

DO NOT ENTER INFORMATION BELOW :		FOR CLAIMS CENTER USE ONLY
Date of Determination:		
Received by (initials)		
Adjudicator (initials):		
Appeal timely filed?	☐ Yes ☐ No	
Docket Number:		(Affix Date Stamp Here)

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