Attorney/Agent - Employer Appeals Filing

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Please fill in the fields below to begin filing an appeal with the Virginia Employment Commission. This form is for a claimant filing an appeal.

Attorney/Agent Information

Attorney Name *
Attorney Street 1 *
Attorney Street 2
Attorney City *
Attorney State/Province * - Select -
Attorney Zip Code *
Attorney Telephone Number * (Enter XXX-XXX-XXXX)

Employer Information

I am appealing * ❍ Notice of Deputy's Determination
❍ Decision of Appeals Examiner
Date of Mailing * Month Month
Day Day
Year Year

Employer Name *
Person to Contact Regarding Appeal *

Contact Telephone Number * (Enter XXX-XXX-XXXX)
Claimant Social Security Number * (Enter XXX-XX-XXXX)
Claimant Name *

Reason for Appeal *
If filing after final date as noted on Deputy Determination or Appeals Examiner decision - Please explain: * not answered
Attach Documentation * Upload

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