**PETITION FOR APPEAL TO APPEAL TRIBUNAL**

**ARKANSAS APPEAL TRIBUNAL**
Post Office Box 8013
Little Rock, AR  72203

---

**ALL ENTRIES ON THIS FORM EXCEPT SIGNATURES SHOULD BE PRINTED OR TYPED**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. TELEPHONE NUMBER:</td>
<td>5. ISSUE(S) APPEALED:</td>
<td>Section(s):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I / We appeal from the determination of the Division of Workforce Services for the following reason(s) (Please attach a copy of the determination):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. APPELLANT SIGNATURE:</td>
<td>8. APPELLANT (CHECK ONE):</td>
<td>Claimant</td>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE TO CLAIMANT FROM DWS:** To protect your potential rights to benefits, you must continue filing a claim each week, making your work search as instructed, and reporting to your local office as directed during the time your appeal is pending unless you are working full-time.

---

**QUESTIONS BELOW ARE FOR LOCAL OFFICE USE ONLY**

9. Agency Representative To Testify? (CHECK ONE)  
   Yes  No  
   (Name)  (Title)  
   Phone Number:  

10. TYPE OF CLAIM:  
   - UI  - UCFE  - UCX  - EB  - TRA  - OTHER  

11. APPEAL FILED:  
   (A) In person on (Date)  (B) By mail (Postmark Date) (Attach Envelope)  

12. EMPLOYER PHONE NUMBER:  

13. EMPLOYER ADDRESS CONFIRMATION (CHECK ONE):  
   A. Are employer name and address on the Determination complete and correct?  
   Yes  No  
   If no, enter the complete name and mailing address in the space indicated below.  
   B. Are employer name and address omitted from the Determination?  
   Yes  No  
   If yes, enter the complete name and mailing address in the space indicated below.  

14. APPEAL RECEIVED BY: (INTERVIEWER):  

15. LOCAL OFFICE ADDRESS:  

16. EMPLOYER ADDRESS CORRECTION:  
   NAME OF EMPLOYER:  
   ADDRESS:  
   CITY:  STATE: ZIP CODE:  
   PHONE NUMBER:  

---

Page  of  DWS-ARK-AT-213 v08232019