



Unemployment Insurance Division  
PO Box 15131  
Albany, NY 12212-5131

### Employer Request for Hearing

Enter the last four digits of the claimant's Social Security Number (SSN): \_\_\_\_\_

Claimant's Name (print): \_\_\_\_\_

- Write **only** in the space provided **on the front** of this form. Stay in the margins.
- An electronic image will be made only of **one** side of this form.
- If you need more space, use an 8 ½ x 11-inch piece of white paper.
- Write the claimant's name and last four digits of his or her Social Security number on all the papers you send.
- Mail this completed and signed form to the above address.

*You must provide complete details for why you object to this determination. Failure to state your objection in sufficient detail may result in limiting your ability to raise new concerns at the hearing.*

I disagree with the **Notice of Determination** dated \_\_\_\_/\_\_\_\_/\_\_\_\_ (month, day, year) because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and I am requesting a hearing regarding this determination.

If you are requesting a hearing on a determination that is more than 30 days old, please state the reason for the delay in notifying us:

\_\_\_\_\_  
\_\_\_\_\_

Claimant's physical work location (place where the claimant regularly reported to work):

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ NYS ER No.: \_\_\_\_\_ - \_\_\_\_\_

Employer Name: \_\_\_\_\_

Contact Person (print): \_\_\_\_\_

Contact Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Hearing Document Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

For information on how to prepare for a hearing, visit our website at <https://dol.ny.gov/requesting-hearing>