WE ARE YOUR DOL

NEW YORK STATE of Labor

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

Claimant Request for Hearing

Enter the last four digits of your Social Security Number (SSN): _____ ____

Your Name (print): _____

- You can request an Unemployment Insurance (UI) hearing two ways, online or by mail. To request a hearing online, sign into your NY.Gov account. Click on the envelope icon at the upper right of your My Online Services page. Then create a new email message. Choose "Hearings and Appeals" from the drop-down menu as the first subject line and "I want to request a hearing" as the second subject line. To request a hearing by mail, complete and sign this form. Mail it to the address at the top of this form. Write only in the space provided on this form. **Do not** write outside the margins or on the back. If you need more
 - space, use an 8 $\frac{1}{2}$ x 11-inch piece of white paper. Be sure to write your name and the last four digits of your Social Security number on all of the papers you send. Do not staple.

IMPORTANT: To protect your rights to UI benefits you may be entitled to receive, please continue to certify for UI benefits every week, as long as you are unemployed.

I disagree with the Notice of Determination(s) dated ____/ (month, day, year), and I am requesting a hearing. Reason (optional):

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

Last Employer's Name:

Physical work location (place where you regularly reported to work):

Street	City	State	Zip Code
Work Phone Number: ()	_		
Would you like your hearing conducted in a language other than English? 🗌 Yes 🛛 🗌 No			
If yes, what language and dialect?			
Dates you are unavailable for a hearing:			
Email:	Phone: ()	
Mailing Address:		Apt/Floor: _	
City:	State:	Zip:	
Signature			

For information about the UI Claimant Advocate Office and to view a video on how to prepare for a hearing, visit our website at dol.ny.gov/unemployment-insurance-claimant-advocate-office.