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Division of Unemployment Insurance, Tax Unit

EMPLOYERS' CONTACT INFORMATION

PLEASE COMPLETE THE FOLLOWING BELOW TO UPDATE YOUR ACCOUNT

Employer Name: _____

Employer FEIN#: _____

Employer UI #: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Signature: _____

Print: _____

Date: _____

"Labor Works...Let Labor Work For You."

The Virgin Islands Department of Labor is an Equal Opportunity Employer with Equal Opportunity Programs. Auxiliary aids and services are available upon request to individuals with disabilities.

V.I. Government Department of Labor
Unemployment Insurance
Appeal File Checklist

Claimant Name: _____

Social Security No.: _____

FOR CLAIMANT / EMPLOYER

- 1) **NEED INTERPRETER?** Spanish _____ French _____ Other _____
- 2) **DISABLED: Hearing/Speech Impaired?** Yes _____ No _____
 If any accommodations, explain: _____
- 3) **ARE YOU OFF-ISLAND?** Yes _____ No _____
 If yes, Which state? _____
- 4) **DO YOU EXPECT TO RELOCATE WITHIN 60 DAYS?** Yes _____ No _____
- 5) **DID YOUR MAILING ADDRESS CHANGE?** If yes, new address _____
- 6) **TELEPHONE NUMBER (S):** _____
 Next of kin phone number in the event you cannot be reached _____

Signature _____

AGENCY ONLY

- 1) **UNTIMELY APPEAL BY CLAIMANT/EMPLOYER?** Yes _____ No _____ (Claimant ☐ Employer ☐)
- 2) **LATE SUBMITTAL OF FILE TO H&A BY UI** (after finality date)? Yes _____ No _____
 If yes, reason _____
- 3) **ISSUE:** **NON-MONETARY** _____ **MONETARY** _____ (eg. WBA/MBA, monetarily ineligible, etc)
 If Monetary issue, was file reviewed by UI management? Yes _____ No _____
- 4) **DID YOU VERIFY MAILING ADDRESS?** Yes _____ No _____
- 5) **DID YOU VERIFY TELEPHONE NUMBERS?** Yes _____ No _____
- 6) **FORM "READ AND UNDERSTOOD" ON FILE?** Yes _____ No _____
 (FORM IS ISSUED WHEN CLAIMANT APPEAL)
- 7) **FORM "WISH TO CONTINUE / DISCONTINUE RECEIVING BENEFITS ON FILE?"**
 (FORM IS ISSUED TO CLAIMANT WHEN EMPLOYER APPEAL) Yes _____ No _____
- 8) **WILL THIS BE A TELEPHONIC APPEAL ?** Yes _____ No _____
- 9) **CONFIRMED RECEIPT OF CERTIFIED MAIL, E-MAIL OR ON HAND RECEIPT OF NON-MONETARY?**
 (Claimant ☐ Employer ☐) Yes _____ No _____
- 10) **VIDOLAS NOTES, EMAILS, STATEMENTS ON FILE?** Yes _____ No _____

Representative Signature _____

Date _____

This checklist has been attached to this appeal file in accordance to policy and procedures.

NOTES:

EMPLOYER - NOTICE OF APPEAL

1.	NAME			
	(First)	(Middle)	(Last)	
2.	LOCAL MAILING ADDRESS			
	(No.)	(Street or Route)		
	(City)	(State)	(Zip Code)	
3.	If you are planning to change your address, complete the following:			
	Beginning _____ my new address will be _____			
4.	I appeal and request a hearing for the following reason(s):			
5.	You may attend a hearing in this State or in the State against which you are appealing. In which State do you plan to attend a hearing?			
(Name of State)				
EMPLOYER'S SIGNATURE			DATE	

CLAIMANT: DO NOT WRITE IN THIS BOX.											
6. SOCIAL SECURITY NUMBER											
			-			-					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; align-items: center;"> <input type="checkbox"/> UI <input type="checkbox"/> UCFE <input type="checkbox"/> UCX <input type="checkbox"/> CWC <input type="checkbox"/> OTHER _____ </div> </div>											
7. (A.) LIABLE STATE VIRGIN ISLANDS											
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (A.) APPEAL FROM: </div> <div style="width: 35%; text-align: right;"> _____ (Issue) </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> (1) <div>Determination</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> (2) <div>Redetermination</div> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> (3) <div>Referee's Decision</div> </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (B.) Which was dated </div> <div style="width: 35%; text-align: right;"> _____ </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (C.) Handed to Claimant </div> <div style="width: 35%; text-align: right;"> _____ (Dated) </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (D.) Mailed to Claimant </div> <div style="width: 35%; text-align: right;"> _____ (Postmark date) </div> </div> </div> </div></div>											
8. APPEAL FILED:											
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (A.) <input type="checkbox"/> In person </div> <div style="width: 35%; text-align: right;"> _____ (Date) </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (B.) <input type="checkbox"/> By Mail: </div> <div style="width: 35%;"></div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (1) Postmark Date </div> <div style="width: 35%; text-align: right;"> _____ </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (2) Receipt Date </div> <div style="width: 35%; text-align: right;"> _____ </div> </div> </div> </div></div>											
9. CLAIMSTAKER'S SIGNATURE											
10. LOCAL OFFICE ADDRESS AND NUMBER											
(Use Stamp)											

PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE

NOTICE OF APPEAL INSTRUCTIONS TO EMPLOYER

1. Preparing the Notice of Appeal:

- A. Be sure your correct name and address are printed in the spaces provided.**
- B. If you need help preparing the Notice of Appeal, contact our office.**

2. Why you are appealing:

- A. Give the reasons why claimant should be denied benefits and why you think the determination or decision is wrong; or why you think the determination on your tax calculation is wrong. This will help the Administrative Law Judge hearing your case determine the issues.**

3. After you file the Notice of Appeal:

- A. If you change your address, notify the Department of Labor Immediately.**

4. The hearing:

- A. A hearing on your appeal will be scheduled before an Administrative Law Judge.**
- B. This will give you an opportunity to present your evidence and your side of the case.**
- C. You will receive notice informing you where and when the hearing will be held**

5. The decision:

- A. A record will be made of the hearing on your appeal.**
- B. A written decision will be sent to you.**