

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
REEMPLOYMENT ASSISTANCE DIVISION

P.O. BOX 4730
Aberdeen, South Dakota 57402-4730
Tel: 605.626.2310 Fax: 605.626.2322

APPEAL REQUEST FORM

Open this form in an Adobe reader to complete. Changes made in an internet browser may not save.

Complete this form if you disagree with a determination made by the division and are requesting a hearing or have an overpayment determination that puts you at fault, and you would like to request a review of that determination. You may also request a financial waiver.

CLAIMANT'S NAME:

Claimant ID#:

FULL MAILING ADDRESS OF PERSON COMPLETING THE FORM:

ISSUE(S) BEING APPEALED:

Issue can be found on your determination under the Appeal Rights box

Check all that apply:

- I disagree with a determination issued from the Division and request a hearing to be scheduled.
- I disagree with an overpayment determination and would also like to request a financial waiver.

Please provide further information about this request if necessary:

Sign in ink: _____

Date ____/____/____

Mail or fax the completed request to the address or fax number at the top.