

CALIFORNIA UNEMPLOYMENT INSURANCE APPEALS BOARD (C.U.I.A.B.)  
BOARD APPEAL

If you disagree with the unfavorable C.U.I.A.B. Administrative Law Judge's (ALJ) decision in your unemployment, tax or disability case, you must file your Board Appeal within **30 calendar days** from the issue date of the ALJ's decision.

Claimant: You must continue to file claim forms during the time we are reviewing your appeal if you wish to claim benefits for this period. However, if you are found ineligible, you may be required to repay benefits received. Please direct all claim questions to the Employment Development Department (E.D.D.) at: <https://edd.ca.gov>.

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**The following information must be provided by the party filing the appeal (Appellant) or authorized agent/representative.**

**Check party filing the appeal:**    Claimant    Employer    Petitioner    Department  
 Claimant Representative    Employer Representative    Petitioner Representative

Appellant Name:

Case Number(s):

Appellant Telephone Number:

Appellant Mailing Address:

Do you give permission for C.U.I.A.B. to send confidential information regarding your appeal to your e-mail address and/or cell phone by voice or text message (Information may be received sooner)?    Yes    No

If yes, please provide the e-mail address and/or cell telephone number where you would like the information sent.

E-mail Address:

Cell Telephone Number:

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Appellant Agent or Representative Name (if applicable):

Mailing Address:

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Check Box if you are not filing your appeal on time (within 30 days from the issue date of the ALJ's decision) and provide details on reasons for the delay. You must show good cause for an untimely appeal or it will be dismissed.

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Check Box if presenting new or additional evidence. Attach documents and explain why they were not presented at the hearing.

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I disagree with the Administrative Law Judge's decision because:

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(If you need additional space please use the back of this page, or attach additional pages)

Signature of the Appellant or  
Agent/Representative Required:

Date: