

to the Unemployment Benefits Services Tutorial



How to Appeal a Decision Online

Decision Unine



Appeal Overview

Filing an appeal online is fast, easy, and secure. TWC's online appeal form is available 24 hours a day, 7 days a week, in English and Spanish.

An appeal is your written notice that you disagree with a TWC decision and want your case decided through the appeal process.

This tutorial includes instructions for filing an appeal over the Internet.



For more information, read the document(s) you received from TWC about the unemployment benefits appeals process. See also: <u>How to</u> <u>Appeal a Decision</u> and <u>Introduction to</u> <u>the Unemployment Benefits Appeal</u> <u>Process</u>.

Appeal Overview

You may appeal:

- Benefit Determinations
- Appeal Tribunal decisions
- Commission Appeal decisions

You must submit your appeal within

14 calendar days from the date **14 Days** TWC mailed you the determination or appeal decision.

While waiting on your appeal, continue to request payment every two weeks for each week you are not employed full-time. You can also submit your appeal in person at your nearest <u>Workforce</u> <u>Solutions office</u>, or by mailing or faxing your letter to the Appeals or Commission Appeals Department. You cannot submit an appeal by e-mail or over the telephone.



Logging On



半 About Us 🛛 🌜 Contact Us 🛛 🤚 Find Locations

Welcome, we're here to help. Resources, tips and tools to build a stronger Texas workforce

Home > Job Seekers & Employees > Unemployment Benefits

Unemployment Benefits Services

On this page:

- Logon
- <u>Apply for Benefits</u>
- View Electronic Correspondence
- <u>Request a Payment</u>
- Request Your Waiting Week
- View Claim & Payment Status
- Appeal Online
- View Appeal Status
- View IRS 1099-G Information
- Submit a Work Search Log
- <u>Change Payment Option</u>
- Estimate Unemployment Benefits
- Technology Requirements & Privacy
- Frequently Asked Questions
- More Information

Logon

Logon with your existing TWC User ID or create a new user ID.

To submit an online appeal, log on to Unemployment Benefits Services (UBS) at <u>ui.texasworkforce.org</u>.

Make sure you have the following on hand:

- User ID, password, and PIN.
- Determinations or Decisions you are appealing
- Appeal Number(s), if any
- Contact information changes, if any

For instructions on how to create, retrieve or reset a user ID and password, see the <u>How to</u> <u>Create User IDs and Passwords Tutorial.</u>

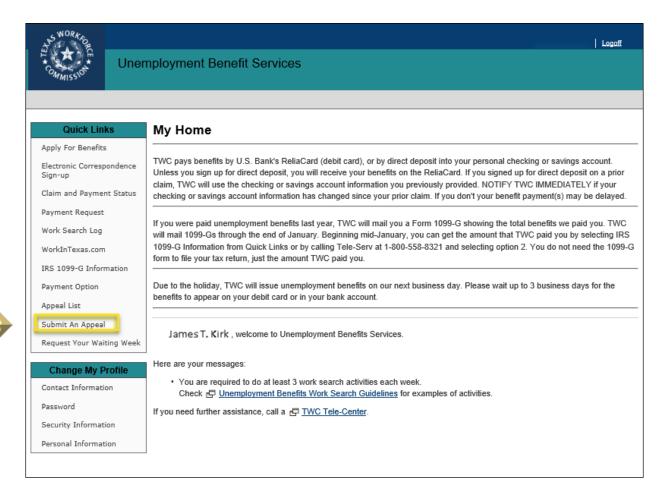
Note: If you want to print pages from this tutorial and don't have a printer, you may use a printer for free at your local <u>Workforce Solutions</u> office.

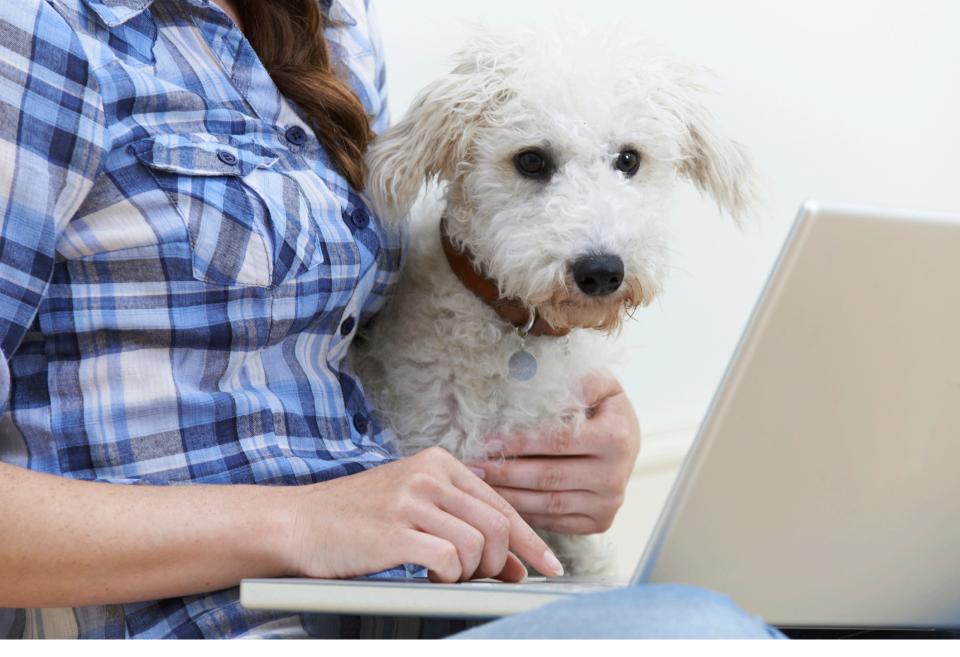
My Home Page

After you log on, the **My Home** page displays:

- Quick Links to various benefits claims topics and resources
- Messages from TWC

Select Submit an Appeal





Your Appeal Submittal Form

Submit an Appeal: Getting Started

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| Progres | Submit An Appeal: Gettin * indicates required information | ng Started |
| Appeal Information | General Information | |
| Review And Subn | nit USE THIS FORM ONLY TO SUBMIT AN | UNEMPLOYMENT BENEFITS APPEAL |
| Appeal Confirmat | | |
| | To contact TWC for any other reason, se | |
| | | eks while waiting on your appeal, unless you return to full-time work. Let us know right You will be asked to verify your address, and other personal information, at the bottom of |
| | At any time, you can change or verify your Contact information, or by selecting "My Pr | address, and other contact information, by going to 🗗 <u>ui.texasworforce.org</u> and select rofile", when logged into this application. |
| See 🗗 How to Appeal a Decision, or read the document(s) you received from TWC, for more information about the | | |
| | unemployment benefits appeals process. | |
| | unemployment benefits appeals process. | ad the document(s) you received from TWC, for more information about the |
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| | unemployment benefits appeals process. After you submit this form, if you w mail or fax. Personal Information Social Security Number(SSN): | vant to include other documents with your appeal you may send them by xxx-xx-1701 |
| | unemployment benefits appeals process. After you submit this form, if you w mail or fax. Personal Information Social Security Number(SSN): Claimant Name: | vant to include other documents with your appeal you may send them by xxx-xx-1701 James T. Kirk |
| | unemployment benefits appeals process. After you submit this form, if you w mail or fax. Personal Information Social Security Number(SSN): | vant to include other documents with your appeal you may send them by xxx-xx-1701 |
| | unemployment benefits appeals process. After you submit this form, if you w mail or fax. Personal Information Social Security Number(SSN): Claimant Name: Date of Birth: | vant to include other documents with your appeal you may send them by xxx-xx-1701 James T. Kirk 01/01/1989 9 Warp Drive |
| | unemployment benefits appeals process. After you submit this form, if you we mail or fax. Personal Information Social Security Number(SSN): Claimant Name: Date of Birth: Address: | xxx to include other documents with your appeal you may send them by xxx-xx-1701 James T. Kirk 01/01/1989 9 Warp Drive Star, Texas 76880 |
| | unemployment benefits appeals process. After you submit this form, if you we mail or fax. Personal Information Social Security Number(SSN): Claimant Name: Date of Birth: Address: Phone Number: | xxx-xx-1701 James T. Kirk 01/01/1989 9 Warp Drive Star, Texas 76880 (111) 222-3333 Ext. 10 |

Submit An Appeal: Getting Started

A Please correct the following errors:

• Do you need to update any of your contact information?: Required information.

The **Submit an Appeal: Getting Started** page shows the personal information you have shared with us, including your:

- Social Security number
- Name
- Date of birth
- Address
- Phone number

On this page, you can change your contact information.

You must answer the question, "Do you need to update any of your contact information?" by selecting Yes or No.

If you do not select **Yes** or **No**, you will receive this error message.

| NORA HANDER OMMISSON | nemployment Benefit Services |
|--|--|
| Change My Profile Contact Information Password Security Information Personal Information | PIN Verification Please correct the following errors: Personal Identification Number (PIN): Enter 4 numbers. * indicates required information To protect your claim information, enter your Personal Identification Number (PIN). Personal Identification Number (PIN): * Next Cancel |

Before you can change your contact information, you must verify your identity by entering your personal identification number (PIN).

If you forget to enter your PIN, you will receive the following error message:

PIN Verification

- ▲ Please correct the following errors:
 - · Personal Identification Number (PIN): Enter 4 numbers.



Your current contact information displays after you enter your PIN. You can change your street address, city, state, ZIP code and phone number. You can also select a Canadian Province and Postal Code. Your name is filled in for you. You cannot change your name on this page.

* Indicates required fields.

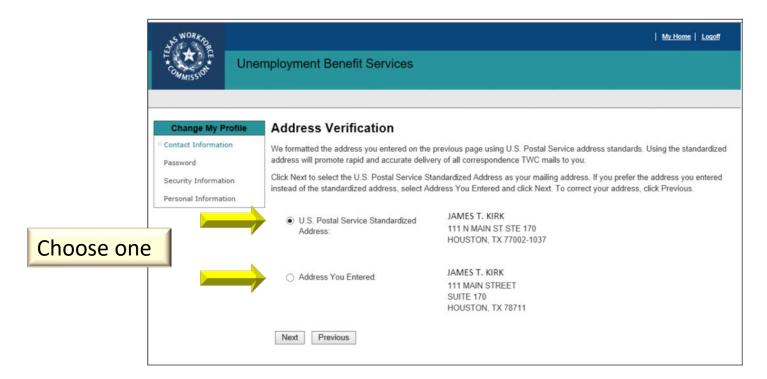
| SWORK | | | <u>My Home</u> <u>Logoff</u> |
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| | mployment Benefit Serv | ices | |
| ·////22 | | | |
| | | | |
| Change My Profile | Change Contact Info | ormation | |
| » Contact Information | * indicates required information | | |
| Password | Name: | James T. Kirk | |
| Security Information | Address: | * 9 Warp Drive | |
| Personal Information | Address: | - S waip blive | |
| | City: | * Star | |
| | State: | Texas | |
| | ZIP Code: | | |
| | | 76880 | |
| | - OR - | | |
| | Canadian Province: | Choose V | |
| | Canadian Postal Code: | | |
| | Phone Number: | (111) 222 - 3333 Ext. 10 | |
| | Next Cancel | | |

Did you get an error message after you selected **Next** to change your contact information? No Problem. You can correct the errors on the page, then select **Next** again.

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|--|---------------------------|--|
| MMISSION Ur | nemployment Benefit Serv | vices |
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| Change My Profile Contact Information Password Security Information Personal Information | 2, 7, space, and apostrop | <mark>، errors:</mark> ters in the address fields are limited to alphanumeric characters (A - Z, a - z, 0-9) except ₩, '&', |
| | Name: | James T. Kirk |
| | Address: | * ENTERPRISE AVENUE |
| | | P.O. Box 170 |
| | City: | * Star |
| | State: | Texas |
| | ZIP Code: | 76880 |
| | - OR - | |
| | Canadian Province: | Choose One |
| | Canadian Postal Code: | |
| | A Phone Number: | (111) 222 - 3234 Ext: 10 |
| | Next Cancel | |

If you see an **Address Verification** message, it means we reformatted the address you entered using U.S. Postal Service standards. This helps our mail get to you quickly.

Tell us which address you want to use. Select **Next** to make the Postal Service address your mailing address. If you prefer the address you entered, choose **Address You Entered** and select **Next**. To correct your address, select **Previous**.



Other Messages You Might Receive

1. Record changed.

You did it! You changed your information.

2. The information you submitted matches what is currently on file. No changes saved.

You did not make changes, or the changes you made duplicated what was already on file.

- 3. Please correct the following errors:
 - Phone Number: Enter 10-number phone number, including area code.

You did not enter a valid phone number.

- 4. Please correct the following errors:
 - The system has logged you off. Please log on again to access the requested page.

Too much time has passed since your last activity. You must log on again.

- 5. Please correct the following errors:
 - Address: Characters in the address field are limited to alphanumeric characters (A-Z, a-z, 0-9) except '#', '&', '-', space, and apostrophe.

You entered punctuation or symbols that are not allowed.

Submit An Appeal: Appeal Information

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| | |
| Progress Getting Started | Submit An Appeal: Appeal Information |
| » Appeal Information | Appellant Details |
| Review And Submit Appeal Confirmation | Phone Number where you can be Choose One CLAIMANT |
| | Appealed By * PERSON AUTHORIZED TO HELP THE CLAIMANT |
| | Name of the Person Submitting Appeal (If different from Claimant) |
| | First Name: |
| | Middle Initial: |
| | Last Name: |
| | Relationship to Claimant: |
| | Appeal Information |
| | What Determination or Decision are you appealing? |
| | * Choose One |
| | To include additional determinations or decisions in your appeal, include the determination or decision date with a description of it when you fill out the reason for your appeal. |
| | Next Previous |
| | |

Under **Appellant Details**, enter a phone number. From the **Appealed By** drop-down menu, select one of the following:

- Claimant
- Person authorized to help the claimant

Persons authorized to help claimants

must enter their contact information, and their relationship to the claimant.

Submit An Appeal: Appeal Information



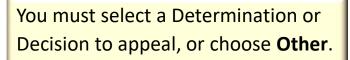
If you do not make a selection in the **Appealed By** drop-down menu, you will see this error message.

A Please correct the following errors:

Appealed By: Required information.

Submit An Appeal: Appeal Information

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| Uner Uner | nployment Benefit Services | | |
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| Progress Getting Started | Submit An Appeal: Appe | eal Information | |
| - Appeal Information | Appellant Details | | |
| Review And Submit Appeal Confirmation | Phone Number where you can be reached: | () Ext: | |
| | Appealed By | * Choose One | * |
| | Name of the Person Submitting Appeal (If different from Claimant) | | |
| | First Name: | | |
| | Middle Initial: | | |
| | Last Name: | | |
| | Relationship to Claimant: | | |
| | Appeal Information | | |
| | What Determination or Decision are y | ou appealing? | |
| | To inc 03/21/2017 Separation from Work when 03/16/2017 Availability - Eligible U 03/01/2017 Statement of Wages a 07/03/2017 Appeal Numbe 111-22 | nd Potential Benefit Amounts | sion date with a description of it |
| | Next Previous | | |



The drop-down menu will not allow you to select more than one Determination or Decision.

> To include additional Determinations or Decisions in your appeal, enter the Determination or Decision date, with a description, in the **Reason for Appeal** box on the **Submit An Appeal**: **Appeal Information Reason** page.

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| Progress etting Started | Submit An Appeal: Appeal Information Reason |
| ppeal Information | Appeal Information Reason |
| eview And Submit | Describe your reason for appealing. If you are submitting the appeal late or you missed a prior hearing, include an explanation. Als include any dates or times when you cannot participate in a hearing. If correspondence related to your appeal should be sent to an other person, include their name and address. |
| | Reason for Appeal: |
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| | 4500 of 4500 characters remaining |

Submit An Appeal: Appeal Information Other

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You will only see this page if you selected **Other.**

Under Appeal Information Other,

select the type of Determination or Decision you are appealing from the drop-down menu:

- Appeal Tribunal Decision
- Commission Appeals Decision
- Unemployment Determination

An Unemployment Determination is a TWC decision that is not an Appeal Tribunal or Commission Appeals decision, such as decisions involving:

- Denials of benefits
- Overpayments
- Insufficient wages

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| Progress ng Started al Information w And Submit al Confirmation | Submit An Appeal: Appeal Information Other * indicates required information Appeal Information Other You have selected Other as the Determination or Decision you are appealing. Please answer the following questions if possible, ar provide an explanation in the text box below. What are you appealing? Choose One Appeal Tribunal Decision Commission Appeals Decision | nd |
| | If Appeal Tribunal or Commission Appeals Unemployment Determination Number? When was the determination or decision mailed? Month Day Year: Was a hearing scheduled with the Appeals Tribunal or Commission Yes No | |
| | Describe the determination or decision * 4500 of 4500 characters remaining | |
| | Next Previous | |

Submit An Appeal: Appeal Information Other

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| | If Appeal Tribunal or Commission Appeals Unemployment Determination Number? | |
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Submit An Appeal: Appeal Information Other

Please correct the following errors:

Describe the determination or decision: Required information.

* indicates required information

You will only see this page if you selected **Other**.

After selecting the Determination or Decision you are appealing, you must:

- Enter the Appeal Number (if any).
- Select the month, day, and year it was mailed.
- Answer the question, "Was a hearing scheduled with the Appeals Tribunal or Commission Appeals?"

You must also describe the Determination or Decision in 4,500 characters or less.

If you don't provide a description, you will see this error message.

Submit An Appeal: Appeal Information Reason

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| * OMMISSION Une | mployment Benefit Services | |
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| Progress | Submit An Appeal: Appeal Information | Reason |
| Getting Started | Appeal Information Reason | |
| Appeal Information Review And Submit | Describe your reason for appealing. If you are submitting the appea include any dates or times when you cannot participate in a hearing other person, include their name and address. | |
| Appeal Confirmation | Reason for Appeal: | |
| | 4500 of 4500 characters remaining Do you need an interpreter during the hearing? If yes, please select the language needed: If you selected 'Other' type the language needed: | ○Yes ○No Choose One ✓ |
| | If you need an accommodation, describe the accommodation yo | ou need: |
| | | |

In the first text box, tell us why you are appealing.

If you are submitting the appeal late, or you missed a prior hearing, include an explanation. Enter any dates or times when you cannot participate in a hearing.

Enter any additional Determination or Decision date you want to include in your appeal, along with a description.



Submit An Appeal: Appeal Information Reason

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| Getting Started | Appeal Information Reason | |
| » Appeal Information | Describe your reason for appealing. If you are submitting the appeal late or you r | nissed a prior hearing, include an explanation. A |
| Review And Submi | include any dates or times when you cannot participate in a hearing. If correspon | |
| | Reason for Appeal: | |
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| | Do you need an interpreter during the hearing? | Vietnamese Afaan Oromo African |
| | If yes, please select the language needed: | African-French African-Menda African-Tanzanene/Tirange Akan (Ghana) |
| | If you selected 'Other' type the language needed: | Albanian AlbanianKosovo Algerian |
| | If you need an accommodation, describe the accommodation you need: | American Sign Amharic Arabic |
| | | Arabic Balanda Arabic Egyptian Arabic Iraqi Arabic Libyan Arabic Moroccan Arabic Sudanese Arabic Syrian Arabic-Classic (Lebanese Dialect) |
| | 4500 of 4500 characters remaining Next Previous | Armenian Asian Sign Atakapa Bahasa Bangoli Behili |

Do you need an interpreter?

If you or your witnesses need an interpreter, select the language you need in the drop-down menu. Or, choose **Other** and enter the language you require.

Do you need any other accommodation?

Enter the accommodation you need in the text box, such as:

- If you or your witnesses have a hearing impairment.
- If you need access to a telephone or fax machine.

Submit An Appeal: Review and Submit

Your appeal is not complete until you submit it and receive a confirmation number.

Review your responses carefully *before* selecting **Submit**. To make changes or corrections, select the edit link for that section.

If you want to print or save your appeal and confirmation number, you can do so after submitting your appeal.

While waiting on your appeal, continue to request payment every two weeks for each week you are not employed full-time.

Let us know right away if you change your mailing address.

After you submit this form, if you want to include other documents with your appeal you must send them by <u>mail or fax</u>.

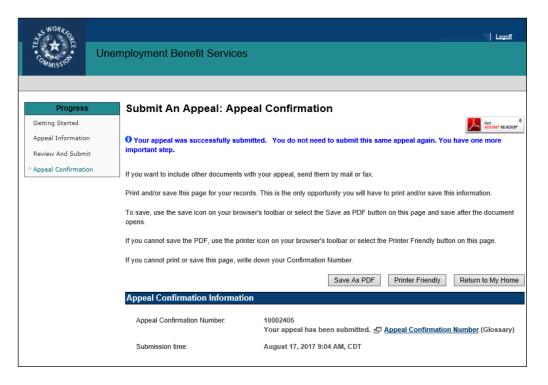
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| tting Started | O Caution: Your appeal IS NOT COMPLETE until you submit it and receive a confirmation number. |
| peal Information | n Carefully review your responses for accuracy and make any necessary corrections. To make changes or corrections, click the Edit |
| view And Submi | it link for that section. If you want to print or save your appeal and confirmation number, you can do so after submitting your appeal. |
| peal Confirmatio | General Information |
| | USE THIS FORM ONLY TO SUBMIT AN UNEMPLOYMENT BENEFITS APPEAL |
| | Continue to request payment every two weeks while waiting on your appeal, unless you return to full-time work. |
| | Let us know right away if you change your mailing address. |
| | After you submit this form, if you want to include other documents with your appeal you may send them by mail or fax. |
| | Personal Information |
| | Social Security Number(SSN): xxx-xx-1701 |
| | Claimant Name: James T. Kirk |
| | Date of Birth: 03/22/2233 |
| | Address: ENTERPRISE AVENUE, |
| | AUSTIN, TX 76880 |
| | Phone Number: (111) 222-3333 Ext. 10 |
| | Appellant Details |
| | Edit Appellant Details (111) 222-3333 Ext. 10 |
| | Phone Number where you can be reached: |
| | Appealed By: CLAIMANT |
| | |
| | Name of the Person Submitting Appeal (If different from Claimant) |
| | First Name: (not applicable) |
| | Middle Initial: (not applicable) |
| | Last Name: (not applicable) |
| | Relationship to Claimant: (not applicable) |
| | Edit Appellant Details |
| | |
| | Appeal Information Edit Appeal Information |
| | Edit Appeal Information What Determination or Decision are you appealing? |
| | what Determination or Decision are you appealing / 04/01/2292 Availability - Eligible Unemployment Benefits Determination |
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| | To include additional determinations or decisions in your appeal, include the determination or decision date with a description of it |
| | when you fill out the reason for your appeal. |
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| | Appeal Information Reason |
| | Edit Appeal Information Reason Describe your reason for appealing. If you are submitting the appeal late or you missed a prior hearing, include an explanation. Also |
| | include any dates or times when you cannot participate in a hearing. If correspondence related to your appeal should be sent to any |
| | other person, include their name and address. Reason for Appeal: |
| | reason for Appear. |
| | |
| | Do you need an interpreter during the hearing? No |
| | If yes, please select the language needed: |
| | If you selected 'Other' type the language needed: (not applicable) |
| | If you need an accommodation, describe the accommodation you need: (not applicable) |
| | (nor abbicanis) |
| | |
| | Edit Appeal Information Reason |
| | Caution: Your appeal IS NOT COMPLETE until you submit it and receive a confirmation number. |
| | Submit |
| | |

Submit An Appeal: Appeal Confirmation

Congratulations! You have successfully submitted your appeal form.

Remember to:

- Send any other supporting documents by mail or fax.
- Print or save this page for your records, or write down your confirmation number.





Still need help?

Call the TWC Tele-Center at 800-939-6631 to speak with one of our customer service representatives.