



to the Employer Benefits Services Tutorial



Employer Appeal Online

Tutorial Overview

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

This tutorial will walk you through the process of filing an appeal via <u>Employer</u> <u>Benefits Services</u> (EBS).

Filing an appeal online is fast, easy, and secure. TWC's web service is available 24 hours a day, 7 days a week.

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 email or over the telephone.

When your business is a party of interest, you may appeal:

- Nonmonetary determinations
- Charge Liability Decisions
- Appeal Tribunal and Commission Appeals decisions
- Notice of Appeal Rights documents
- Reimbursing employer wage verification notices (only if not the last employer on the claimant's Initial Claim)

You must submit your appeal within 14 calendar days from the date TWC mailed you the determination or appeal decision. For more information, see <u>Appeals Process for Employers</u>.

Logging On

S WORKE	<u></u>	VC Home TWC Contact Information
Commission* Emp	oyer Benefit Services	
Quick Links	Logon New to Employer Benefit Services? If you already have a User ID for another TWC Internet application, such as Unemployment Tax Services.com, try logging on with that ID. Otherwise, please sign up for a User ID. * indicates required information	 ✔ ¿Habla español? Para servicio en español, póngase en contacto con <u>Beneficios de Desempleo</u> Información de Contacto para empleadores. ✔ Technical Requirements Recommended browsers are <u>Internet</u> <u>Explorer</u>, <u>Firefox</u>, <u>Chrome</u> or <u>Safari</u>. Click on the respective link to download the latest free version upgrade. ✔ Public Computer If you are using a computer in a public place, logoff and close the browser when you are finished entering information. This is for your protection and will prevent someone else from viewing your information. <u>Accessibility</u> <u>Equal Opportunity is the Law</u>



To submit an appeal online, log on to <u>Employer Benefits Services</u> (EBS) using your user ID and password.

New to Employer Benefits Services? If you already have a user ID for another TWC Internet application, such as Unemployment Tax Services, try logging on with that ID. Otherwise, sign up for a user ID. 3

My Home Page

Once you log on, the My Home page displays.



Appeals Tab

If you have already successfully submitted any appeal(s), they will appear under **Search Results** on the **Appeal Search** page in the Appeals tab for easy viewing.

SWORK OF						Arya Stark <u>Home</u>	My Profile Logoff
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My Home Bene	efits eCorre	espondence Appe	als User Adm	nin UI Tax Services	Work In Texa	s	
Quick Lini	ks	Appeal Searc	h				
» Appeal Search		User Information					
Submit An Appeal		Name:	Arya T. Starl	(User ID:	s134398	
		Email Address:	a	gmail.com <u>Update E-ma</u>	ail Address		
		Employer:	11-222222-1	DIREWOLF TRUCKING	INC		
		Search Results					
	\mathbf{N}	1-2 of 2					
		Appeal Nu	mber	S.S.N		Claimant	Action
		123450	60	999-99-1239	L	annister, Jaime R.	View
		12012		123-45-6789		Frey, Walder M.	View
			To begin process, s	the online appea select Submit Ar	al n Appeal -		
		\	from the	Quick Links mer	nu.		5

Submit an Appeal: Getting Started

The first step of the online appeal process is to enter the Social Security number (SSN) associated with the determination or appeal decision you want to appeal.

	WORK OR REAL	Employer Benefit Services	Arya Stark <u>Loqoff</u>				
	Appeals						
	Progress	Submit an Appeal: Getting Started					
	» Getting Started	User Information					
Appeal Information Review and Submit		Name: Arya T. Stark User ID: S136346 it @gmail.com Update E-mail Address Employer: 11-222222-1 DIREWOLF TRUCKING INC					
		* indicates required information					
		General Information					
		USE THIS FORM ONLY TO SUBMIT AN UNEMPLOYMENT BENEFITS APPEAL.					
Enter	the SSN	To contact TWC for any other reason, see: 🗗 <u>Contact Information</u> .					
associated with the determination or		See 🗗 How to Appeal a Decision, or read the document(s) you received from TWC for more information about the unemployment benefits appeals process.					
appeal d	ecision you	U After you submit this form, if you want to include other documents with your appeal you may send them by ma	ail or fax.				
want to a	ppeal, the	Claimant Selection					
selec	t Next.	Enter the SSN associated to the UI Determination or Appeal Decision you *					
		Next Cancel					

Submit an Appeal: Getting Started...

If you receive a message stating **No recent** determinations or decisions were found for this SSN, please verify that you have entered the number correctly and try again.

0 No recent determinations or decisions were found for this SSN. Check the SSN and enter it once more.

If on your second try there are still no decisions or determinations found for the SSN you entered, select **Next** to be directed to a page to provide additional information to help us identify what determination or decision you want to appeal.

O No recent determinations or decisions were found for the SSN that you entered. Please select "Next" and provide information to help us identify what determination or decision you want to appeal.
* indicates required information
General Information
USE THIS FORM ONLY TO SUBMIT AN UNEMPLOYMENT BENEFITS APPEAL.
To contact TWC for any other reason, see: r 🗗 Contact Information.
See 🗗 How to Appeal a Decision, or read the document(s) you received from TWC for more information about the unemployment benefits appeals process.
After you submit this form, if you want to include other documents with your appeal you may send them by mail or fax.
Claimant Selection
Enter the SSN associated to the UI Determination or Appeal Decision you *

Cancel

Claimant Information	
Social Security Number (SSN):	Not found
Claimant Name:	Not found
Appellant Details	
Appealed By:	Choose One
Phone Number Where You Can Be Reached:	() Ext:
Appeal Information	
No recent determinations or decisions were for determination or decision you want to appeal.	ound for the SSN that you entered. Provide information to help us identify what
What are you appealing?	Choose One
If Appeal Tribunal or Commission App Appeal Number?	seals decision, what is the
When was the determination or decision n	nailed? Month V Day Vear.
Was a hearing scheduled with the Appeal Appeals?	Tribunal or Commission O Yes O No
Describe the determination or decision. In	clude the Claimant's full name if not already listed.
* SSN: 123-45-6789	
4484 of 4500 characters remaining	
Next Previous	

Submit an Appeal: Appeal Information

The WORK TO BE THE COMMISSION	oyer Benefit Services	Arya Stark <u>Loqoff</u>
Appeals Progress Getting Started » Appeal Information Review and Submit Appeal Confirmation	Submit an Appeal: Appeal Information User Information Name: Arya T. Stark User ID: S136346 Email Address: @gmail.com Update E-mail Address Employer: 11-222222-1 DIREWOLF TRUCKING INC * indicates required information Claimant Information	
You must select a Determination or Decision to appeal, or choose Other . The drop-	Social Security Number (SSN): 999-99-1239 Claimant Name: Frey, Walder M. Appellant Details * Appealed By: * Phone Number Where You Can Be Reached: *	
down box will not allow you to select more than one decision or determination.	Appeal Information What Determination or Decision are you appealing? * Choose One Other 06/26/2017 Separation from Work - Not Disqualified Unemployment Benefits Determination To include address and determinations or decisions in your appeal, include the determination or decision date with when you and out the reason for your appeal.	rith a description of it
	Next Previous	

To include additional Determinations or Decisions in your appeal, enter the Determination or Decision mail date with a description in the **Reason for Appeal** box on the **Submit An Appeal: Appeal Information Reason** page. Once you enter a valid SSN, the claimant's information will display on the **Submit An Appeal: Appeal Information** page.

Under **Appellant Details**, select whether you are the employer or a representative of the employer from the drop-down menu, and enter the phone number where you can be reached.

Under **Appeal Information**, select the determination or decision you are appealing, or **Other**, from the drop-down menu and select **Next**.

You may only select one determination or decision from the drop-down list.

Submit an Appeal: Appeal Information Other

SWORKING HINGSON COMMISSON	Arya Stark Logoff Dioyer Benefit Services	
Appeals		
Appeals Getting Started » Appeal Information Review and Submit Appeal Confirmation	Submit an Appeal: Appeal Information Other Name: Arya T. Stark User ID: S130670 Email Address: @gmail.com Update E-mail Address Employer: T1-222222-1 DIREWOLF TRUCKING INC * indicates required information * indicates required information Popeal Information Must are you appealing? If Appeal Tribunal or Commission Appeals Decision Demployment Determination or decision mailed? Must was the determination or decision mailed? Must are you appealing and the Appeal Tribunal or Commission Appeals Decision Describe the determination or decision. * describe the determination or decision. * describe the determination or decision. * describe the determination or decision.	

Selecting **Other** from the drop-down menu on the **Submit An Appeal: Appeal Information** page will direct you to an additional screen, where you may provide a detailed explanation of the decision or determination you are appealing.

Note: You will only see this screen when "Other" is selected on the previous page.

After selecting the Determination or Decision you are appealing (Appeal Tribunal Decision, Commission Appeals Decision, or Unemployment Determination), 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 Appeal Tribunal or Commission Appeals?"

• Describe the determination or decision you want to appeal in 4,500 characters or less, then select Next. An entry in this box is required.

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

Submit an Appeal: Appeal Information Reason

The Appeal Information Reason page allows you to provide additional details for the reason you are appealing.

TS WORK OR ALL	oloyer Benefit Services	Arya Stark <u>Loqoff</u>
Appeals		
Progress	Submit an Appeal: Appeal Information Reason	
Getting Started	User Information	
» Appeal Information	Name: Arya T. Stark User ID: S136346	
Review and Submit	Email Address: @gmail.com Update E-mail Address Employer: 11-222222-1 DIREWOLF TRUCKING INC	
Appeal Confirmation	* indicates required information	
	Appeal Information	
	Describe your reason for appealing. If you are submitting the appeal late or you missed a prior hearing, inclu include any dates or times when you cannot participate in a hearing. If correspondence related to your appea other person, include their name and address.	de an explanation. Also al should be sent to any
	Reason for Appeal:	
	4500 of 4500 characters remaining	
	Do you need an interpreter during the hearing?	
	If yes, please select the language needed: Choose One	\sim
	If you selected 'Other' type the language needed:	
	If you need an accommodation, describe the accommodation you need: 4500 of 4500 characters remaining Next Previous	

- Describe your reason for appealing in 4,500 characters or less.
- 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 mail date you want to include in your appeal, along with a description.
- If correspondence related to your appeal should be sent to any other person, include their name and address.

Indicate if you or your witnesses will need an interpreter during the hearing, and if so, the language needed.

If you need an accommodation, describe the accommodation you need (such as an accommodation for a hearing or visual impairment, or access to a phone or fax machine).

Submit an Appeal: Review and Submit

H A CONTRACT				Arya Stark <u>Loqoff</u>	
* CMMISSION Em	iployer Benefit Sei	vices			
peals					
Progress	Submit an Ap	peal: Review and Sub	mit		
Getting Started	User Information				
Appeal Information	Name:	Arya T. Stark	User ID:	S136346	
Review and Submit	Employer:	11-222222-1 DIREWOLF TRU	CKING INC		
Appeal Confirmation					
	Caution: Your appe	al IS NOT COMPLETE until you su	bmit it and receive	a confirmation number.	
	Carefully review yo click the Edit link for	ur responses for accuracy and ma that section.	ke any necessary c	corrections. To make changes or corrections,	
	If you want to print or s	ave your appeal and confirmation nu	mber, you can do so	after submitting your appeal.	
	Claimant Information				
	Social Security Nun	nber (SSN):		999-99-1239	
	Claimant Name:			Frey, Walder M.	
	Appellant Details				
	Edit Appellant Details				
	Appealed By:			EMPLOYER	
	TWC Tax Account I	Number:	11-222222-1		
	Employer/Business	Name:		DIREWOLF TRUCKING INC	
	Name of Person Su	bmitting Appeal:		Arya T. Stark	
	Phone Number Wh	ere You Can Be Reached:		(no response provided)	
	Edit Appellant Details				
	Appeal Information				
	Edit Appeal Information	Page			
	What Determination	or Decision are you appealing?		06/26/2017 Separation from Work - Not Disqualified Unemployment Benefits Determination	
	Edit Appeal Information	Page			
	Appeal Information R	eason			
	Edit Appeal Information	Reason Page			
	Reason for Appeal:				
	I believe the dete	rmination is incorrect			
	Do you need an inte	erpreter during the hearing?		No	
	If yes, please select	the language needed:		(not applicable)	
	If you selected 'Oth	er' type the language needed:		(not applicable)	
	If you need an acco	mmodation, describe the accommod	ation you need:		
	(no response pro	vided)			
	Edit Appeal Information	Reason Page			

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.

You can print or save your appeal and confirmation number after you submit your appeal.

Inform TWC 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 <u>mail or fax</u>.

> Your appeal IS NOT COMPLETE until you submit it and receive a confirmation number.

Submit an Appeal: Appeal Confirmation

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tarted User Informat	lon	
formation Name:	Arya T. Stark User ID:	\$136346
nd Submit Employer:	s: Uggmail.com Update L-mail Address 11-222222-1 DIREWOLF TRUCKING INC	1
onfirmation		
		Gra Accest READ
O Your appea	I was successfully submitted. You do not need to submit	this same appeal again. You have one more
important step		
If you want to in	clude other documents with your appeal, send them by mail	or fax.
Print and/or say	ve this page for your records. This is the only opportunity you	will have to print and/or save this information.
opens.	is save icon on your browser's tooldar or select the bave as P	or button on this page and save alter the document
If you cannot sa	ave the PDF, use the printer icon on your browser's toolbar or	select the Printer Friendly button on this page.
If you cannot pr	rint or save this page, write down your Confirmation Number.	
	8	ave as PDF Printer Friendly Return to My Han
Annual Conflic		ave as Port Printer Friendry Pretain to my from
Appear Comm	mation information	
Appeal Con	firmation Number: Your appeal has been submitt	ed. Your 🖨 confirmation number is 10002166.
Submission	time: August 1, 2017 2.14 PM, CDT	
Claimant Infor	mation	
Social Secu	irity Number (SSN):	XXX.XX.1239
Claimant Na	ame	Frey, Walder M.
Appellant Det	ails	
Annal I		ENDI OVER
Appealed B	<i>y</i>	EMPLOTER
TWC Tax A	ccount Number	11-22222-1
Employer/B	usiness Name:	DIREWOLF TRUCKING INC
Name of Pe	rson Submitting Appeal.	Arya T. Stark
Phone Num	iber Where You Can Be Reached:	(no response provided)
Appeal Inform	ation	
What Deten	mination or Decision are you appealing?	06/26/2017 Separation from Work - Not Disgualified Unemployment Benefits
		Determination
Appeal Inform	ation Reason	
the distant in the second s		
Reason for	Appeal:	
I believe	the determination is incorrect	
Do you nee	d an interpreter during the hearing?	No
If yes, pleas	ie select the language needed:	(not applicable)
If you select	ted 'Other' type the language needed.	(not applicable)
The second se	he are supported than decode the assessment the support	

Congratulations!

You have successfully submitted your appeal form.

Remember to:

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



Return to My Home



When your appeal is processed, it will appear in your Appeal list. *Note: Please allow up to three weeks for your appeal to be processed.*

SWORK OF						Arya Stark <u>Home</u> <u>My Pro</u>	ofile <u>Loqoff</u>	
COMMISSION	Employer Ben	efit Services						
My Home Benefits eCorrespondence Appeals User Admin UI Tax Services Work In Texas								
Quick Link	s Appeal	List						
Appeal Search	User Information							
» Appeal List	Name:	Arya T	T. Stark	User I	D:	s134398		
Submit An Appeal	Email Addre	ess:	@gmail.com Upda	te E-mail Add	ress			
	Employer:	11-222	2222-1 DIREWOLF TRU	CKING INC				
Appeal Appeal Filed Date Appeal Level Appealed Appeal Appeal								
	1234560-2	Jul 05, 2017	Commission Appeals	Employer	Complete	Lannister, Jaime R	View	
	1234560-1	May 25, 2017	Appeal Tribunal	Employer	Complete	Lannister, Jaimer,	View	

It is easy to check the status of your appeal from EBS. Select **View** from the Action box on the Appeal List page to view information about Appeal Status, Appeal Parties, and a Decision Summary (when available).



Appeal Status

S WORKA					Arya Stark <u>Home</u>	<u>My Profile</u> Logoff
Emp Commission	oloyer Benefit Serv	ices				
My Home Benefits eCo	orrespondence Appeals	User Admin	UI Tax Services	Work In Texas		
Quick Links	Appeal Status					
Appeal Search	User Information					
» Appeal List	Name:	Arya T. Stark		User ID:	S134191	
Appeal Status	Email Address:	@gm	ail.com <u>Update E-m</u>	ail Address		
 Appeal Parties Decision Summary 	Employer:	11-222222-1 DI	REWOLF TRUCKIN	G INC		
Submit An Appeal	Select another appeal to	view		P Appeals Tutorial		
	Claimant Information					
	S.S.N:		999-99-1239			
	Name:		Lannister, Jaime R.			
	Appeal Information					
	Initial Claim Date:		January 31, 2016			
	Appeal Number:		1230456-7			
	Appeal Filed Date:		February 01, 2017			
	Appeal Level:		Appeal Tribunal			
	Appealed By:		Claimant			
	Appeal Status:		Complete			
	Status					
	Mail Date:		March 01, 2017			
	Activity:		Appeal Tribunal de	ecision mailed.		

If you disagree with this decision, you may file an appeal, according to the information and instructions included with the decision that you are appealing.

Activity Log	
Activity Date	Activity
March 01, 2017	Decision mailed: Appeal Tribunal decision
March 01, 2017	Hearing Date
February 13, 2017	Letter mailed: hearing scheduled
February 01, 2017	Appeal received

The Appeal Status page displays appeal information related to a particular SSN.

This also shows the:

- Initial claim date
- Appeal number
- Appeal filed date
- Appeal level
- Current appeal status
- Log of appeal activities, sorted by date



Still need help?

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