

Texas Workforce Commission

Submit An Appeal - Appeal Confirmation

Your appeal has been submitted.

If you want to include other documents with your appeal, send them by mail or fax.

Appeal Confirmation Information

Appeal Confirmation Number	12636804
Submission time	January 28, 2025 7:44 AM, CST

Personal Information

Social Security Number(SSN)	XXX-XX-1273
Claimant Name	ADNAN WAHAB
Date of Birth	03/18/1992
Address	20418 AUTUMN SHORE DR, KATY TX 77450
Phone Number	(713) 677-3669 Ext.

Appellant Details

Phone Number where you can be reached	(713) 677-3669 Ext.
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)

Appeal Information

What Determination or Decision are you appealing?	09/03/2024 5/2 Reporting - Ineligible Unemployment Benefits Determination
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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

I have been unemployed since october 2022. I was briefly employed for 6 weeks in April 2023.

I was misdiagnosed with schizophrenia and placed on the wrong medication.

Do you need an interpreter during the hearing? No

If yes, please select the language needed (not applicable)

If you selected 'Other' type the language needed (not applicable)

If you need an accommodation, describe the accommodation you need

(not applicable)