



EDD Telephone Numbers:	
ENGLISH	1-800-300-5616
SPANISH	1-800-326-8937
CANTONESE	1-800-547-3506
MANDARIN	1-866-303-0706
VIETNAMESE	1-800-547-2058
TTY (non-voice)	1-800-815-9387
website:	edd.ca.gov

APPEAL FORM

If you disagree with the Notice of Determination(s) and/or Determination(s)/Rulings by the EDD, you may appeal the decision(s) to the California Unemployment Insurance Appeals Board (CUIAB) by completing this form and explaining why you disagree. You must sign the form and return it to the EDD at the office address listed on the notice that you are appealing. **YOU HAVE 30 DAYS FROM THE MAIL DATE OF THE NOTICE TO FILE A TIMELY APPEAL.** If you appeal after the 30 day period, you must include the reason for the delay. The administrative law judge (ALJ) will determine whether you had good cause for the delay. If the ALJ determines you did not have good cause to submit your appeal late, your appeal will be dismissed.

CLAIMANTS: While your appeal is pending, **you must continue to certify for benefits.** If you are found eligible, you can be paid only for periods for which you have certified and have met all other eligibility requirements.

NOTE: Claimants for Disaster Unemployment Assistance (DUA) have 60 days to file an appeal. Employers appealing the *Notice of Determination or Assessment* (DE 3807), have 30 days to file an appeal.

SECTION I APPELLANT INFORMATION	
Claimant Name: Thurman	Social Security Number: 620-80-0577
Do you need a translator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what language/dialect? _____	
Appellant Address: 608 W Almond St Street No., Apt. No., or PO Box Los Angeles Ca 90220 City State ZIP Code	Telephone No.: (323) 545-8969 Fax No.: _____ E-mail Address: Masterkingmalik@gmail.com Cell Phone No.: (323) 545-8969
<input checked="" type="checkbox"/> I authorize the CUIAB to send confidential information regarding my appeal to the e-mail address listed above. <input checked="" type="checkbox"/> I authorize the CUIAB to send confidential information regarding my appeal by text message or voice mail to the cell phone number listed above.	
Complete this section for employer appeals only	
Employer Account Number: _____	Agent Name (if applicable): _____
Agent Address: _____ Street No., Apt. No., or PO Box	City _____ State _____ ZIP Code _____

SECTION II APPELLANT STATEMENT	
INSTRUCTIONS: Explain the reason for your appeal and why you disagree with the decision(s). If required, attach additional pages to this form and write your name and Social Security number on each page.	
I disagree with the determination in the notice dated <u>03/17/2025</u> because - a I respectfully appeal the decision regarding my pandemic unemployment benefits claim. In March 2020, I endured devastating personal losses—the untimely death of my grandmother followed shortly by the passing of my father—while also suffering a severe illness without support and having my business partner hospitalized for months. These extraordinary hardships during the COVID-19 pandemic prevented me from filing my claim in a timely manner. I request that my claim be reopened, thoroughly reviewed, and approved in accordance with California statutes, consumer protection laws, and the unprecedented challenges of that period, with all supporting documentation provided.	
Signature of Appellant or Agent: <u>Cheri Polivka</u>	Date: <u>03/20/2025</u>