



8. Is there a process that you could have used to appeal the discharge?

☐ YES ☒ NO

If "YES", did you avail yourself of this process?

☐ YES ☐ NO

If "YES", with what results?

9. ☐ If this box is checked please answer the following question.

Why did you choose " " as the reason for separation from this employment when you filed your claim?

**Warning: We will determine whether you are eligible for benefits based on information we receive. If it is determined you are not eligible for benefits, you may be required to repay some or all of the benefits paid to you.**

I certify that these statements are true to the best of my knowledge and I am aware that there are penalties provided for making false statements and that this form may be used in a hearing involving my claim.

Signature: [Signature] Date: 09/27/21

Phone number where you can be reached between 8 AM and 5 PM: 917-535-5452

Your email address: dnagarpowers@gmail.com

☐ Above Information obtained by phone call on

USCKLR

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