



## Paid Leave Appeal Request Form

You may use this form to appeal if you disagree with a decision you received from us. An appeal cannot be filed until a determination has been made. Please use one request form per decision you wish to appeal. For instructions on filing an appeal, refer to the decision letter we sent you. You can read more about appeals in the Paid Family and Medical Leave Benefit Guide at [paidleave.wa.gov/benefit-guide](http://paidleave.wa.gov/benefit-guide) and on our website at [paidleave.wa.gov](http://paidleave.wa.gov). When completed, print this page and fax or mail it to the address listed below. **Appeals must be filed within 30 days after the date of notification or mailing, whichever is earlier (RCW 50A.50.010).**

<b>Your contact information</b>		
Claim ID, Social Security Number, or ITIN:		
Name (first and last):		
Phone number:		
Email address:		
Current mailing address:		
City:	State:	Zip:
<b>Additional information</b>		
Do you need an interpreter?	Yes	No
If yes, please list your preferred language:		
Employer name:	UBI# (if known):	
Please tell us why you disagree with the decision you are appealing.		
<i>I certify under penalty of perjury that all the information included on this form is true and accurate and I understand that information involving the investigation and determination is to be made available to all interested parties (RCW 50A.40.020).</i>		
Signature:	Date:	
Mail or fax to: Employment Security Department, Paid Family and Medical Leave Care Center, PO Box 19020 • Olympia, WA 98507-0020 • Fax: 833-525-2273		

The Employment Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge. Washington Relay Service: 711