

NOTICE OF APPEAL TO APPELLATE DIVISION, THIRD DEPARTMENT
FROM UNEMPLOYMENT INSURANCE APPEAL BOARD DECISION

STATE OF NEW YORK
APPELLATE DIVISION

SUPREME COURT
THIRD DEPARTMENT

In the Matter of the Claim of

,
Appellant ,

v

,
Respondent .

**NOTICE OF
APPEAL**
UIAB No.:

Commissioner of Labor,

Respondent .

PLEASE TAKE NOTICE that the above-named Claimant (or Employer, Insurance Carrier) ,

, hereby appeal(s) to the Appellate
Division of the Supreme Court, Third Judicial Department, from the Decision of the Unemployment
Insurance Appeal Board, filed _____ day of _____ , 20 _____ ,
and from each and every part thereof.

Dated: _____

(Signature) _____

(Print Name) _____

(Address) _____

(Telephone) _____

(Your name, address and telephone number)

TO: _____

(name(s) and address(es) of attorney(s) for other party/parties)

Note: The notice of appeal must also be filed in the office where the judgment or order of the court of original instance is entered (CPLR 5515 [1]).