

EMPLOYMENT DEVELOPMENT DEPARTMENT APPEAL FORM

If you want to appeal a Department determination, please explain why you disagree and return this form to the Department using the office address listed on the enclosed notice. You have 20 days from the date of the notice to file an appeal. The 20-day period may be extended for good cause. Reasons for filing an appeal after 20 days should be explained.

Please note that claimants for Disaster Unemployment Assistance have 60 days to file an appeal. Employers who are appealing the Department's DE 3807 Notice of Determination or Assessment have 30 days to file an appeal.

I disagree with the Department's decision dated 06/27/2008 because:
I am the web site owner for FrysForum.com but I never made disparaging remarks about my employer Fry's Electronics Inc. Some of the users on the site might have been disparaging Fry's but not me. The purpose of why I created the web site was so that employees could discuss their working conditions and work related grievances so that they could be resolved with Fry's Management. I am being accused of things which Fry's can not provide any evidence of. As the site Owner and Administrator I can not be held responsible for the content on the site as stated in Section 230 of Title 47 of the United States Code (47 USC § 230). I fully cooperated with Fry's to remove the materials which they questioned from the site.

(Attach an additional sheet if more space is required)

CLAIMANTS: While your appeal is pending, you must continue to file a continued claim form for the period that you want to claim benefits. If you are found eligible, you can be paid only for periods for which you have filed continued claim forms and have met all other eligibility requirements.

The following information must be provided by the party filing the appeal (Appellant) or an authorized agent of the party filing the appeal. Signature of the appellant or agent is required.

Do you need a translator? Yes No If yes, please give language and dialect: _____

Appellant Telephone No.: (____) ____-____

Appellant Name: LUIS ALBERTO MACIAS PONCE Appellant Fax No.: (____) ____-____

Appellant Mailing Address: _____ Street San Diego CA _____
Street No., Apt. No., or P.O. Box City State ZIP Code

Claimant Name: LUIS ALBERTO MACIAS PONCE Employer Account Number: _____
Claimant Social Security Number: ____-____-____ (For employer appeal only)

Agent Name (If applicable): _____
Mailing Address: _____
Street No., Apt. No., or P.O. Box City State ZIP Code

Signature Luis Macias
Appellant or Agent: _____ Date: July 1st, 2008