



BEFORE THE  
LABOR AND INDUSTRIAL RELATIONS COMMISSION  
JEFFERSON CITY, MISSOURI

APPLICATION FOR REVIEW

(An Application to Have a Decision of an Appeals Tribunal of the Division of  
Employment Security Reviewed by the Labor and Industrial Relations Commission)

Complete items 1 through 8

1. Appeal No. _____	4. Claimant's S.S. No. XXX-XX-_____
2. Claimant _____ _____ _____ _____ _____	5. Employer _____ _____ _____ _____ _____
3. Application Filed By: <input type="checkbox"/> Claimant <input type="checkbox"/> Employer <input type="checkbox"/> Division	

6. I request the Labor and Industrial Relations Commission to review the decision of the Appeals Tribunal of the Division of Employment Security which was made on \_\_\_\_\_  
I understand the Labor and Industrial Relations Commission may affirm, modify, or reverse the Decision of the Appeals Tribunal, remand the matter to the Referee, or deny this application for review.

7. State the reason you disagree with the decision of the Appeals Tribunal below.

8. State the reason you are requesting additional evidence.

9. Signed \_\_\_\_\_  
(Mandatory)

Mail to: Appeals Tribunal P.O. Box 59 Jefferson City, MO 65104-0059  
Fax to: Appeals Tribunal 573-751-7893

Where the space provided is insufficient, supplemental sheets, properly numbered by item, may be attached.

If you have served on active duty in the Armed Forces of the United States and would like information about veterans' services and benefits, please complete the survey here: [mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR](http://mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR)

**IMPORTANT:** If needed, call 573-751-3913 for assistance in the translation and understanding of the information in this document.

**¡IMPORTANTE!** Si es necesario, llame al 573-751-3913 para asistencia en la traducción y entendimiento de la información en este documento.

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