



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. _____

2. Claimant _____ 5. Employer _____

3. Application Filed By:

☐ Claimant ☐ Employer ☐ 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. (Optional – You may state the reason you disagree with the decision of the Appeals Tribunal below.)

8. Signed _____ Date _____
(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.

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.