

APPEAL OF NOTICE OF DETERMINATION

Faxed to: 502.564.7850

Mailed to: UI Appeals Branch, 275 E Main St, 2nd Floor East, Frankfort, KY 40621

Date: _____

Name: _____

SSN: _____

Address: _____

Please consider this my Appeal of the Notice of Determination of my claim. I did not voluntarily quit and/or did not voluntarily quit without good cause attributable to my employment. I separated as a result of a reduction in force and/or a reorganization of positions initiated by my employer. My employer, Comair, has not and will not contest my application for benefits.

Sincerely,