

**IMPORTANT: Fax this notice to the Board of Review at (404) 232-3339 within FIFTEEN (15) DAYS of the date on your Appeals Tribunal hearing decision. Then call (404) 232-3325 to confirm that the Board received your fax.**

Georgia Department of Labor – Board of Review  
148 Andrew Young International Blvd. NE, Suite 801  
Atlanta, GA 30303

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Docket Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

To Whom It May Concern:

I am the Claimant in the above-referenced case. I had an Appeals Tribunal hearing on \_\_\_\_\_ [date].

I hereby appeal the Appeals Tribunal decision. I ask the Board of Review to mail a copy of the hearing transcript to me at the above address. I cannot afford to pay a fee for the transcript because payment would cause me a financial hardship. I ask the Board of Review to waive the transcript fee.

I also ask for an extension of time to file a written argument in my appeal.

If you have any questions, please call me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Signature