

Telephone: (608) 266-8010
Fax: (608) 327-6498

TELEPHONE HEARING NOTICE

Dated: 07/02/25

Hearing No. 12345678

Sent or Mailed to:

MARY CLAIMANT
1 DIVISION ST
HOMETOWN WI 54444-4444

In the matter of:

Employee: MARY CLAIMANT, APPELLANT

Phone: 444-444-4444

vs.

Employer: EMPLOYER LLC, RESPONDENT

Phone: 555-555-5555

Your telephone hearing has been scheduled.

✓ **Telephone Hearing: MONDAY, JULY 14, 2025 AT 9:30 AM** (Central Time)

The appeal tribunal will call you, your attorney, agent, and/or witnesses at 444-444-4444 for the hearing. Contact the hearing office if the number listed is incorrect or missing. The appeal tribunal will call from 608-266-8894. Check for any message(s) below.

The hearing is your only opportunity to present documents and testimony as evidence in this case.

The following issue(s) may be addressed at this hearing:

AS OF WEEK 23/25:

Did the circumstances surrounding the employee's separation from employment, suspension of employment or leave of absence disqualify the employee from receiving unemployment benefits. Wis. Stats. 108.04(1)(b), (5), (5g), (7) & (7m) and Wis. Admin. Code DWD 132 & 133

Read other side of this notice for important information.

Notice also mailed to:

EMPLOYER LLC, 1 CAPITOL ST, ANYWHERE WI 55555-5555

TELEPHONE HEARING NOTICE

IMPORTANT - READ CAREFULLY

PARTICIPATION: You must answer when called for the hearing. The **Appellant** must be reached within 10 minutes of the start time or the hearing may be dismissed. If others are delayed more than 10 minutes, the hearing will proceed without them.

Note: Your telephone service provider may present our number as potential spam.

It is **your responsibility** to inform your representative and witnesses of the hearing date and time. If there are delays, you will be expected to wait up to one hour after the scheduled starting time for this hearing to begin.

HEARING DOCUMENTS: Telephone hearing documents and instructions were mailed to you. Have these with you at the time of the hearing: the appeal tribunal may refer to them. **You must** provide these documents to your representative or witnesses, if applicable.

REPRESENTATIVES: If you are receiving this hearing notice, it is **your responsibility** to inform your client of the hearing date and time.

WITHDRAWAL: A request to withdraw the appeal can be made at any time by mail, fax or calling the hearing office. **ONLY** the party who requested the hearing (the **Appellant**) may withdraw. Include the hearing number that appears on this notice in your request. If the appeal is withdrawn, there will not be a hearing, and the determination will remain in effect.

POSTPONEMENTS: You are expected to make arrangements to participate in the scheduled hearing. Postponements are not granted for the mere convenience of participants. If you need a postponement, **you must** call the hearing office immediately. Written requests are not accepted.

ACCOMMODATIONS: If you need an interpreter (sign or language) for the hearing, it will be provided at no cost to you. For this need and other accommodations or questions, contact the hearing office immediately.

ADDITIONAL INFORMATION: For additional information regarding the appeal or hearing procedures, review 'Attending a UI Hearing' online at <https://dwd.wisconsin.gov/dwd/publications/ui/hearing.htm>.

