

NOTICE OF FEDERAL CIVILIAN EMPLOYEE'S RIGHT
TO ADDITIONAL INFORMATION, RECONSIDERATION OR CORRECTION
OF FEDERAL FINDINGS

I understand my Federal employing agency's information regarding my Federal employment, period of service, base-period wages and reasons for termination is furnished to the State department through which my unemployment insurance claim is filed.

I also understand Regulations of the Secretary of Labor provide me the right to additional information or reconsideration of the information.

If I do not agree with or wish additional information to understand the Federal information, I may file a request for a reconsideration through the State department or with the Secretary of Labor.

I understand I have the right to appeal any determination rendered concerning my eligibility for benefits. I further understand that the appeal rights against the State determination must be preserved by timely appeal. (Georgia Law provides that a "timely" appeal must be filed within fifteen (15) days from the date the determination is mailed or personally delivered by Department personnel.)

Claimant's Signature

Last Four of Social Security Number

Career Center Staff

Date