STATE OF SOUTH CAROLINA ADMINISTRATIVE LAW COURT

	DOCKET NOALJ-22AP			
(Your Name)	(To be completed by the Court)			
Appellant,				
v.)	NOTICE OF APPEAL			
South Carolina Department of Employment) and Workforce,)				
and)				
(Employer Name, if listed on decision)				
Respondent(s).				
Notice is hereby given that	(your name), does hereby appeal the			
South Carolina Department of Employment a	nd Workforce's Appellate Panel Decision, dated			
and received on	, a copy of which is			
attached.				
In accordance with SCALC Rule 33(B), please	e provide a general statement of the grounds for			
appeal below:				
T.F. Company				
Your Signature or Signature of Attorney	Date			
Mailing Address	City, State, Zip code			
*Email Address	Phone Number			

^{*}By providing your e-mail address, you consent to receive court orders and notices via electronic transmission

		REPRESENTATION					
	Are you repr	esenting yourself?	∃ Yes □] No			
Are you represented by an Attorney	? □ Yes □ No	Name of Atto	Name of Attorney:				
Attorney Mailing Address:		City, State ar	City, State and Zip:				
Attorney Work Number and Cell Number:		Attorney E-M	Attorney E-Mail Address:				
	PROOF OF S	SERVICE (MUST BE	COMPLET	ED)			
Your Name:		Date:		City:	State:		
I hereby certify that on the date and depositing the same in the United S							
Name and/or Agency Name	Address		City, Stat	City, State and Zip			
Name and/or Agency Name	Address		City, Sta	City, State and Zip			
X Your Signature or Signature	of Attorney			 Date			

<u>Attention</u>: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website <u>www.scalc.net</u> or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.