

An employer may protest a benefit charge within 30 days of the mailing of the Benefit Charge Statement.

The following application is semi-interactive. Complete the entries online, print and submit. Some fields (i.e., date, ss#, telephone no.) will auto format.

Please state reason for protest in brief terms, i.e., fired, quit, disqualified, still employed here, never employed here, submitted timely protest.

Questions about benefit charges and/or about whether to submit this Form?
Click here first on [Employer Questions about Benefit Charges](#).

Employer U.I. Account Number: _____

Employer Name: _____

Employer Contact: _____

Employer Contact Telephone Number: _____

Benefit Charge Statement Year & Quarter: _____

Date Submitted for Protest: _____

<u>Claimant's Social Security #</u>	<u>Claimant's Name</u>	<u>Protest Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Fax to (225) 346-6075, or mail to La. Workforce Commission, P.O. Box 94186, Baton Rouge, LA 70804-9186.