# Employer Appeal to NCWorks Online Denial/Revocation

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| **EMPLOYER INFORMATION** | | | |
| **EMPLOYER NAME (Print):** | | **FEDERAL ID NO:** | |
| **CONTACT NAME:** | | **NCWORKS ACCOUNT NO:** | |
| **EMPLOYER MAILING ADDRESS:** | | | |
| **CITY:** | **STATE:** | | **ZIP:** |
| **PHONE NO.:** | **EMAIL:** | | |
|  | | | |
| **DATE OF INITIAL DENIAL/REVOCATION:** | |  | |
| **CAREER CENTER NAME AND LOCATION OF DENIAL/REVOCATION:** | | | |
| **REASON FOR DENIAL/REVOCATION:** | | | |
| **STATEMENT AS TO WHY DENIAL/REVOCATION SHOULD BE OVERTURNED** | | | |

NOTE: This form does not apply to any employers affiliated with the Migrant and Seasonal Farm Worker (MSFW) Program. For information on the MSFW program or to speak with the DWS monitor advocate, please contact 919-814-0463 or [DWS\_StateMonitorAdvocate@nccommerce.com](mailto:DWS_StateMonitorAdvocate@nccommerce.com).

Appellant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_