



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
UNEMPLOYMENT COMPENSATION BOARD OF REVIEW

REQUEST FOR WITHDRAWAL OF APPEAL

In re Claim of _____ Appeal Number _____

Social Security Acct. No. _____

I hereby request the withdrawal of appeal on the above claim, and this request is acknowledgment of my consent to the payment or denial of Unemployment Compensation in accordance with the decision from which the above appeal was taken.

SIGNATURE OF APPELLANT

ADDRESS

_____, 20_____
DATE FILED

ATTENTION: The signature of the party appealing on this form constitutes discontinuance of the appeal subject to the approval of the Appeal Tribunal.

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program