



# COMMONWEALTH of VIRGINIA

## Virginia Employment Commission

Carrie Roth  
Commissioner

6606 West Broad Street  
Richmond, VA 23230

Post Office Box 26441  
Richmond, VA 23261-6441

### Request for Claim Cancellation

You **MUST** complete and return this document to the Virginia Employment Commission no later than the final date for appeal on your Monetary Determination in order to process your claim cancellation request.

Date: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Claimant SSN: \_\_\_\_\_

I, \_\_\_\_\_ hereby request and authorize the Virginia Employment Commission to cancel my unemployment insurance claim filed on \_\_\_\_\_ with an effective date of \_\_\_\_\_.

My request to cancel this claim meets all of the criteria for canceling claims:

- The request for claim cancellation **MUST** be within the 30-day appeal period of the monetary determination.
- **NO** payments have been made on the claim.
- **NO** non-monetary separation determination has been issued.

My request to cancel this claim is being made for the following reasons(s):

\_\_\_\_\_  
\_\_\_\_\_

I further understand that by canceling this claim, all records of my filing will be deleted from the databases of the Virginia Employment Commission and that should I become unemployed in the future, I will have to re-apply for unemployment insurance benefits.

Failure to return this form completed and signed on or before **THE APPEAL DATE LISTED ON MY MONETARY DETERMINATION** may result in the denial of this request.

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

The completed document should be faxed to **(276) 935-7712** or mailed to:

**Virginia Employment Commission**  
**4299 Slate Creek Road, Grundy, Virginia 24614**