

WAIVER REVERSAL REQUEST

You may use this form to request that we reverse an overpayment waiver we granted you in an overpayment waiver determination letter. A request cannot be filed until a determination has been made.

Please note, **this form is not for requesting an overpayment waiver**. Use this form only to request a reversal of a waiver you already received but do not want.

* Required Fields	
*Claimant ID#:	*First and last name:
*Current mailing address: _	
Phone #: ()	Email address:
*Letter ID#:	(See the upper-right corner of your overpayment waiver determination letter for the Letter ID #)
	One reversal request per Determination Letter received.
□ Interpreter neede	d Preferred language:
If you already repaid this omoney again.	overpayment and we refunded you due to the waiver, you will owe us this
	ersal of my overpayment waiver, I understand that I must repay the any refunded amount I might have received.
Signature:	

The Employment Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge. Washington Relay Service: 711

Print this page and submit once by fax or mail to the address listed below with any additional information

you wish to provide. Visit your local WorkSource office if you need help faxing this request.

Claims Center Appeals, PO Box 19018 • Olympia, WA 98507-0018 • Fax 800-301-1795