

**APPEAL FROM JUDGE'S  
FINDINGS OF FACT AND  
CONCLUSIONS OF LAW**

**RULES FOR APPEAL TO THE WORKERS' COMPENSATION APPEAL BOARD  
FROM DECISION OF JUDGE**

Workers' Compensation Act Section 423 provides a period of 20 days after notice of a Judge's decision to take an appeal from that decision to the Worker's Compensation Appeal Board. This 20-day period is computed from but does not include the circulation date set forth on the Judge's decision by the Workers' Compensation Office of Adjudication.

An appeal will be considered filed within the 20-day period if it is mailed to the Board (properly stamped and addressed) or is entered into the Workers' Compensation Automation and Integration System (WCAIS) no later than the twentieth day after notice of a Judge's decision. Thus, if a Judge's decision is circulated on March 1, the appeal must be mailed to the Board and postmarked, or entered into WCAIS, not later than March 21.

If a timely appeal is filed by a party, any other party may also file a cross-appeal within 14 days of the date on which the first appeal was filed.

The appellant must set forth specifically and fully the errors of which he/she complains.

In compliance with 34 Pa. Code § 111.17, all appeals will be listed for oral argument unless all parties to the appeal indicate that no oral argument is requested or that it is waived.

CLAIMANT	Date: _____
ADDRESS	Petition Type: _____
CITY                      STATE                      ZIP CODE	Circulation Date: _____
VS	Dispute Number: _____
DEFENDANT	Date of Injury: _____
ADDRESS	INSURANCE CARRIER
CITY                      STATE                      ZIP CODE	ADDRESS
CITY                      STATE                      ZIP CODE	CITY                      STATE                      ZIP CODE

**TO THE WORKERS' COMPENSATION APPEAL BOARD, HARRISBURG, PENNSYLVANIA:**

I hereby appeal from the decision of Judge \_\_\_\_\_ and allege the following findings of fact are in error and are not supported by substantial evidence, or contain other errors as specifically set forth below. **A copy of the Judge's decision is attached.**

I hereby appeal from the decision of Judge \_\_\_\_\_ and specify the following errors of law committed by the said Judge, and the reasons why the decision does not conform to the provisions of the Workers' Compensation Act or the Occupational Disease Act. **A copy of the Judge's decision is attached.**

---

**Please enter my appearance for appellant:**

---

NAME

---

ADDRESS

---

CITY STATE ZIP CODE

---

NAME OF PARTY TAKING APPEAL  
(CLAIMANT OR DEFENDANT)

**APPEAL INSTRUCTIONS**  
**APPEAL SHOULD BE FILED IN AN ORIGINAL AND TWO (2) COPIES. A COPY OF JUDGE'S DECISION WITH THE DECISION RENDERED COVER LETTER MUST BE ATTACHED TO ORIGINAL APPEAL ONLY. PROOF OF SERVICE MUST BE COMPLETED.**

**PROOF OF SERVICE**

I hereby certify, subject to the penalties of 18 Pa.C.S. § 4904 related to sworn falsifications to authorities, that I am this day serving a copy of this appeal as required by 34 Pa. Code § 111.12 to the parties and Judge in the manner indicated below.

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

By: \_\_\_\_\_  
Signature

Department of Labor & Industry | Workers' Compensation Appeal Board  
1171 S Cameron Street Rm 120B | Harrisburg, PA 17104  
Phone: 717-783-7838 | Fax: 717-772-0343 | Email: [ra-li-wcab@pa.gov](mailto:ra-li-wcab@pa.gov) | [www.dli.pa.gov](http://www.dli.pa.gov)  
*Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program*