



Department of Inspections,
Appeals, & Licensing

Iowa Department of Inspections, Appeals, & Licensing
Administrative Hearings Division
6200 Park Avenue, Suite 100, East Entrance
Des Moines, IA 50321-1270

Appeal Decision

Claim Number:
[REDACTED]

Determination Number:
7340773

Appeal Filed By:
MELANIE ANDERSEN

Appeal Filed Date:
07/08/2025

Appeals Bureau Docket:
2025143383-AT

[REDACTED]
[REDACTED]

APPEALS BUREAU DECISION OF ADMINISTRATIVE LAW JUDGE

Mail Date: August 27, 2025

Appellant

Claimant/Job Seeker: MELANIE ANDERSEN
Claimant address: [REDACTED]
Social Security Number: [REDACTED]

Appellee

Employer: A P Air Inc
Employer address: [REDACTED]

In regard to the appeal by MELANIE ANDERSEN:

STATUTORY REFERENCE

Iowa Code Section 96.3(7) - Overpayment

ISSUES STATEMENT

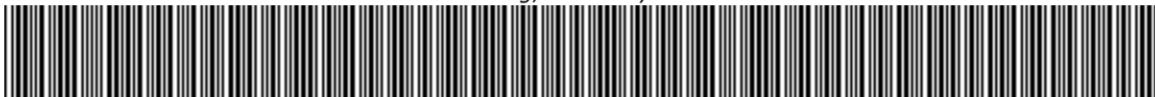
Whether the claimant was overpaid \$2,408.00 in unemployment insurance benefits for the period of May 31, 2025 to July 5, 2025.

CASE HISTORY

Melanie Andersen (claimant) filed a timely appeal from the July 8, 2025 overpayment decision that held she was overpaid \$2,408.00 in unemployment insurance benefits for the period of May 31, 2025 to July 5, 2025. The overpayment decision stated it was based a decision that disqualified the claimant for benefits in connection with a purported February 2, 2025 voluntary quit from A P Air, Inc. After appropriate notice to the parties, an appeal hearing was held on August 26, 2025. Ms. Anderson participated. Amanda Ollinger represented the employer. The appeal hearing in this matter was consolidated with the hearing in Appeal Number 2025143382. Exhibits 1 through 9 and A were received into evidence. The administrative law judge took official notice of the Payment Summary and all appealable determinations entered in connection with the claim.

Equal Opportunity:

Auxiliary aids and services are available upon request to individuals with disabilities. For deaf and hard of hearing, use Relay 711.



FINDINGS OF FACT

Having considered all of the evidence in the record, the administrative law judge finds as follows:

Melanie Andersen (claimant) established an original claim for unemployment insurance benefits that was effective February 2, 2025. Ms. Anderson received benefits for the period of February 9, 2025 through June 14, 2025.

On June 17, 2025, Ms. Andersen commenced employment with A P Air, Inc. Ms. Andersen voluntarily quit the A P Air, Inc. employment on June 18, 2025.

The only unemployment insurance benefits the claimant received for the period on or after June 18, 2025 consisted of \$602.00 in benefits paid for the week of June 29, 2025 to July 5, 2025.

On July 8, 2025, Iowa Workforce Development issued a decision that disqualified the claimant for unemployment insurance benefits, based on a determination that the claimant voluntarily quit the A P Air, Inc. employment without good cause attributable to the employer. The July 8, 2025 decision included an erroneous February 2, 2025 separation date. That February date was the original claim date of the unemployment insurance claim but was not the date of the disqualifying employment separation.

The July 8, 2025 Disqualifying Separation Determination prompted the July 8, 2025 overpayment decision from which Ms. Andersen appeals in the present matter. The overpayment decision used the erroneous February 2, 2025 start date for the overpayment period, which led to an inflated and erroneous \$2,408.00 overpayment amount in the overpayment decision.

The July 8, 2025 Disqualifying Separation Determination has been modified to correct the separation and disqualification date to June 18, 2025. See Appeal Number 2025143382.

CONCLUSION OF LAW

Iowa Code section 96.3(7) provides in relevant part as follows:

7. Recovery of overpayment of benefits.

a. If an individual receives benefits for which the individual is subsequently determined to be ineligible, even though the individual acts in good faith and is not otherwise at fault, the benefits shall be recovered. The department in its discretion may recover the overpayment of benefits either by having a sum equal to the overpayment deducted from any future benefits payable to the individual or by having the individual pay to the department a sum equal to the overpayment.

The July 8, 2025 overpayment decision was premised on the July 8, 2025 separation disqualification decision. The July 8, 2025 separation disqualification decision erroneously used the February 2, 2025 original claim date as the separation and disqualification date. This led to the inflated and erroneous \$2,408.00 overpayment amount and overpayment period referenced in the July 8, 2025 overpayment decision. The corrected separation and disqualification date was June 18, 2025. See Appeal Number 2025143382. The corrected separation date and disqualification decision do not support an overpayment determination for the period prior to June 18, 2025. The corrected separation date and disqualification decision support a determination that the \$602.00 in benefits paid for the week ending July 5, 2025 are an overpayment of benefits. The claimant must repay the \$602.00 in overpaid benefits.



DECISION/REMAND

The July 8, 2025 overpayment decision is MODIFIED in favor of the claimant/appellant to correct the overpayment amount and period to \$602.00 for the week ending July 5, 2025, based on the corrected June 18, 2025 separation disqualification date. The claimant must repay the \$602.00 overpayment.



James TIMBERLAND

Administrative Law Judge

Iowa Department of Inspections, Appeals, & Licensing
Administrative Hearings Division
Unemployment Insurance Appeals Bureau

Please see the last page of this document for important information about reopening the appeal and further appeal rights.



INSTRUCTIONS FOR FILING AN APPEAL

If you disagree with the decision, you or any interested party may:

1. Appeal to the Employment Appeal Board within fifteen (15) days of the date under the judge's signature by submitting a written appeal via mail, fax, or online to:

Employment Appeal Board
6200 Park Avenue Suite 100
Des Moines, IA 50321
Fax: (515)281-7191
Online: IowaWORKS account

The appeal period will be extended to the next business day if the last day to appeal falls on a weekend or a legal holiday.

AN APPEAL TO THE BOARD SHALL STATE CLEARLY:

1. A reference to the decision from which the appeal is taken.
2. That an appeal from such decision is being made an such appeal is signed.
3. The grounds upon which such appeal is based.

An Employment Appeal Board decision is final agency action. If a party disagrees with the Employment Appeal Board decision, they may then file a petition for judicial review in district court.

2. If no one files an appeal of the judge's decision with the Employment Appeal Board within fifteen (15) days, the decision becomes final agency action, and you have the option to file a petition for judicial review in District Court within thirty (30) days after the decision becomes final. Additional information on how to file a petition can be found at Iowa Code 17A.19, which is online at <https://www.legis.iowa.gov/docs/code/17a.19.pdf> or by contacting the District Court Clerk of Court <https://www.iowacourts.gov/iowa-courts/court-directory/>.

Note to Parties: YOU MAY REPRESENT yourself in the appeal or obtain a lawyer or other interested party to do so provided there is no expense to Iowa Workforce Development. If you wish to be represented by a lawyer, you may obtain the services of either a private attorney or one whose services are paid for with public funds.

Note to Claimant: It is important that you file your weekly claim as directed, while the appeal is pending, to protect your continuing right to benefits.

SERVICE INFORMATION:

A true and correct copy of this decision was mailed to each of the parties listed.



Babel Notice – Claim and Appeal Information

Aviso: Aviso: Documento De Beneficios Del Seguro De Desempleo
Y Información De Apelación

IMPORTANT!

This document contains important information about your unemployment compensation rights, responsibilities and/or benefits. It is critical that you understand the information in this document. **DEADLINE FOR APPEAL:** If you disagree with this determination or decision, you must file an appeal before the deadline noted in this document. **IMMEDIATELY:** If needed, call 866-239-0843 for assistance in the translation and understanding of the information in the document(s) you have received.

¡IMPORTANTE!

Este documento contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento. **PLAZO LÍMITE PARA APELAR:** Si usted está en desacuerdo con esta determinación o decisión, debe presentar una apelación antes del plazo límite indicado en este documento. **INMEDIATAMENTE:** Si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, llame al 866-239-0843.

重要提示！

这份文件包含有关失业补偿的权利、责任和/或利益的重要信息。您需要理解本文件中的信息，这一点至关重要。

上诉截止日期：如果您不同意本裁定或决定，您必须在本文件所载截止日期前提出上诉。**立即：**如果需要，请拨打866-239-0843, 可获得帮助，以利您翻译和理解所收到的文件中的信息。

IMPORTANT!

Ce document contient des informations importantes sur vos droits d'allocation de chômage, vos responsabilités et/ou vos bénéfices. Il est indispensable que vous compreniez le contenu de ce document.

DATE LIMITE POUR FAIRE APPEL: Si vous n'êtes pas d'accord avec cette détermination ou décision, vous devrez faire un appel avant la date limite signalée dans ce document. **IMMÉDIATEMENT:** Si nécessaire, téléphonez au 866-239-0843 pour avoir de l'assistance sur la traduction et/ou la compréhension de ce document.

WICHTIG!

Diese Dokument enthält wichtige Hinweise zu ihren Rechten, Pflichten bzw. Leistungen im Rahmen der Arbeitslosenunterstützung. Es ist entscheidend, dass Sie die Informationen in diesem Dokument verstehen.

FRIST ZUR BESCHWERDEEINLEGUNG: Wenn Sie mit der Feststellung oder Entscheidung nicht einverstanden sind, müssen Sie vor Ablauf der in diesem Dokument aufgeführten Frist eine Beschwerde einlegen. **SOFORT:** Sofern erforderlich, rufen Sie die Telefonnummer 866-239-0843 an und erkundigen sich nach Hildsdiensten bei der Übersetzung und zum Verständnis der Informationen in dem (den) von Ihnen erhaltenen Dokument(en).

IMPORTANTE!

Ang mga dokumentong ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong mga karapatan na makatanggap ng kabayaran, mga responsibilidad at /o benepisyo dahil sa pagkawala ng trabaho.

Napakahalagang maunawaan mo ang mga impormasyong nilalaman sa dokumentong ito. **HULING ARAW**

PARA UMAPILA: Kung hindi ka sumasang-ayon sa pagpapasiya o desisyón, dapat kang maghabol o magharap ng apila bago dumating ang huling araw na nabanggit sa dokumentong ito. **KAAGAD:** Kung kinakailangan ang tulong, tumawag sa 866-239-0843 para sa pagsasalin ng wika at pag-unawa ng impormasyon sa mga dokumentong natanggap mo.

IMPORTANTE:

Questo documento contiene informazioni importanti sui Suoi diritti di indennizzo di disoccupazione, sulle sue responsabilità e i suoi benefit. E' cruciale che Lei comprenda appieno le informazioni contenute in questo documento. **SCADENZA PER IL RICORSO:** Se non si trova in accordo con questa determinazione o decisione, dovrà presentare ricorso prima della scadenza riportata nel presente documento.

IMMEDIATAMENTE: In caso di necessità chiami il 866-239-0843 per assistenza alla traduzione e comprensione delle informazioni contenute nei documenti ricevuti.

QUAN TRỌNG:

Tài liệu này chứa đựng tin tức quan trọng về quyền hạn, trách nhiệm và/hoặc những lợi lộc được đề bù trong khi thất nghiệp. Đó là điều tối cần thiết mà quý vị phải hiểu rõ những tin tức trong tài liệu này. **HẠN CHÓT KHIẾU NẠI:** Nếu quý vị không đồng ý với quyết định này, quý vị phải nộp đơn khiếu nại trước hạn chót ghi rõ trong tài liệu này. **MỘT CÁCH NHANH CHÓNG:** Nếu cần xin hãy gọi số 866-239-0843 để được giúp đỡ trong việc phiên dịch và hiểu rõ những tin tức trong tài liệu quý vị đã nhận.

중요!

이 문서는 실업보상 권리, 책임 및/또는 혜택에 대한 중요한 정보가 포함 되어 있습니다. 이 문서에 있는 정보를 이해 하는 것은 매우 중요합니다. **항소 마감:** 이 결정에 이견이 있으시면 항소인은 문서에 언급된 마감일 전에 항소를 제기하셔야 합니다. **즉시:** 받으신 문서의 번역 및 이해를 위해서 도움이 필요하시면 866-239-0843 로연락을 하시기 바랍니다.

WAŻNE!

Dokumenty mogą zawierać ważne informacje o Pan(-i) prawach do zasiłków dla bezrobotnych, obowiązków i/lub świadczeń. Zrozumienie informacji zawartych w niniejszym dokumencie jest bardzo ważne. **DATA WYGAŚNIĘCIA TERMINU SK ŁADANIA ODWOŁAŃ:** Jeśli nie zgadza się Pan(-i) z decyzją zawartą w niniejszym dokumencie, odwołanie należy złożyć przed datą wygaśnięcia terminu wyszczególnionego w treści niniejszego dokumentu. **NATYCHMIAST:** W razie potrzeby, należy dzwonić pod 866-239-0843 w celu uzyskania pomocy w tłumaczeniu i zrozumieniu informacji w dokumentach, które Pan(i) otrzymał(-a).

ВАЖНО!

Данный документ содержит важную информацию о Ваших правах на пособие по безработице, ответственностих и/или выгодах. Крайне важно, чтобы Вы поняли всю информацию, представленную в данном документе(ах). **КРАЙНИЙ СРОК ДЛЯ ОБЖАЛОВАНИЯ:** Если Вы не согласны с представленным постановлением или решением, Вы должны подать заявление на обжалование данного документа до крайнего срока, указанного в нём. **НЕМЕДЛЕННО:** При необходимости звоните 866-239-0843 для получения помощи в переводе и понимании информации данного документа(ов).

VAŽNO!

Ovaj dokument sadrži važne informacije o vašim pravima za naknadu nezaposlenosti, odgovornostima i/ili beneficijama. Veoma je važno da shvatite informacije u ovom dokumentu. **ROK ZA ŽALBU:** Ako se ne slažete s ovim određivanjem ili odlukom, morate uložiti žalbu prije roka navedenog u ovom dokumentu. **ODMAH:** Ako je potrebno, nazovite 866-239-0843 za pomoć u prijevodu i razumijevanju informacija u dokumentu(ima) kojeg ste primili.

תג'ג'הוֹת שָׁ

וְשַׁאֲלָן! כֵּן כִּי אֵינוֹ בְּבָנָי הַמְּשֻׁבְּצָן הַמְּשֻׁבְּצָן גָּוֹסֶן, וְאֵין רָק בְּפִידָה וְאֵין
כֵּן/תְּזִינָה בְּזִיהָדָה עַל־תְּזִינָה. מֵעַבְדָּנִי שֶׁ יְהִי
חֲנָקָה תְּזִינָה וְאֵין תְּזִינָה. גְּמִילָה וְאֵין תְּזִינָה:
תְּזִינָה בְּלִבְדָּקָה וְאֵין תְּזִינָה גְּמִילָה וְאֵין תְּזִינָה:
תְּזִינָה, תְּזִינָה 866-239-0843 שֶׁאֵין תְּזִינָה אֵין תְּזִינָה
וְאֵין תְּזִינָה!

هام!

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