

# Guidance Document

*Pursuant to Neb. Rev. Stat. §84-901.03*

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

## CLAIMANT'S REQUEST TO RECONSIDER

DOCKET NO.: \_\_\_\_\_

Claimant's Name  
Address  
City, State, ZIP  
Telephone/Fax

In the space provided below, briefly state why your appeal should be reconsidered:

Please Sign and Date Here:

Signature \_\_\_\_\_

Date \_\_\_\_\_

DO NOT ENTER INFORMATION BELOW

FOR TRIBUNAL USE ONLY

Date of Decision:

(Affix Date Stamp Here)

Hearing Judge:

Date Decision was entered:

Date Decision was mailed:

Is Request Timely?

 Yes NoRequest is  GRANTEDRequest is  DENIED Not filed within 10-day reconsideration period Good cause not provided Other:

Administrative Law Judge:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return the CLAIMANT'S REQUEST TO RECONSIDER to:  
Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509. You may also fax this to the Tribunal at (402) 471-1734