

REQUEST TO RECONSIDER		DOCKET NO. _____
Attorney / Rep. Name Company / Firm Name Business Address City, State, ZIP Telephone/Fax		
Requesting Party:	<input type="checkbox"/> Claimant <input type="checkbox"/> Employer <input type="checkbox"/> Department of Labor <input type="checkbox"/> Other:	
In the space provided below, briefly state why this appeal should be reconsidered:		
<div style="height: 200px;"></div>		
Please Sign and Date Here:	<div style="display: flex; justify-content: space-between;"> <div>_____ Signature</div> <div>_____ Date</div> </div>	
DO NOT ENTER INFORMATION BELOW :		FOR TRIBUNAL USE ONLY
Date of Decision:		<div style="height: 150px;"></div> <div style="text-align: center; margin-top: 20px;">(Affix Date Stamp Here)</div>
Hearing Judge:		
Date Decision was entered:		
Date Decision was mailed:		
Is Request Timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Request is <input type="checkbox"/> GRANTED:		
Request is <input type="checkbox"/> DENIED:	<input type="checkbox"/> Not filed within 10-day reconsideration period <input type="checkbox"/> Good cause not provided <input type="checkbox"/> Other:	
Administrative Law Judge:	<div style="display: flex; justify-content: space-between;"> <div>_____ Signature</div> <div>_____ Date</div> </div>	

For more information, you may visit the Tribunal's website at dol.nebraska.gov/appealtribunal.htm
 Please return the Request to Reconsider to: Nebraska Appeal Tribunal, P.O. Box 94600, Lincoln, NE 68509.
 You may also fax this to the Tribunal at: (402) 471-1734