EMPLOYER'S REQUEST TO RECONSIDER		DOCKET NO.:		
Employer's Business Name Business Address City, State, ZIP Telephone/Fax				
Name / Title of person Filing Request:				
In the space provided below, briefly state why this appeal should be reconsidered:				
Please Sign and Date Here:				
	<u></u>			
DO NOT ENTER INFORMA	Signature		FOR TRIBUNAL USE	Date ONLY
Date of Decision:	THON BELOW.		(Affix Date Stamp He	
Hearing Judge:				
Date Decision was entered:				
Date Decision was mailed:				
Is Request Timely?	☐ Yes ☐ No			
Request is □ GRANTED		•		
Request is □ DENIED	☐ Not filed within 10-day reconsideration pe☐ Other:		eriod	not provided
Administrative Law Judge:	Signature		Date	