

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:

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

No

Request is GRANTED

Request is DENIED

Not filed within 10-day reconsideration period

Good cause not provided

Other:

Administrative Law Judge:

Signature

Date