

RESPONSE TO ORDER FOR MORE DEFINITE STATEMENT

DOCKET NO. 16 XXXX

Attorney / Rep. Name
Business Name
Address
City, State, ZIP
Telephone/Fax

Acme Widgets LTD
321 Contact Way
Anywhere NE 68999
Phone: (402) 555-9876, Fax: (402) 555-7524

Responding Party is: Claimant Employer Department of Labor Other:

In the space provided below, briefly describe the reason for your appeal (You may attach additional documents to this form):

The employer wants to appeal the determination 6TEDI15, in that the claimant was discharged for violating the employer's attendance policy.

Please Sign and Date Here:

Signature

Buddy Cole

Date

2-31-16

DO NOT ENTER INFORMATION BELOW:

FOR TRIBUNAL USE ONLY

Date Appeal was Filed:

Number of Days Late:

Date Show Cause Ordered:

Date Show Cause was Mailed:

Is Request Timely?

Yes

No

(Affix Date Stamp Here)

Request is GRANTED

Request is DENIED

Not filed within 10-day reconsideration period

Good cause not provided

Other:

Administrative Law Judge:

Signature

Date