

RESPONSE TO ORDER FOR MORE DEFINITE STATEMENT

DOCKET NO. 16 XXXX

Attorney / Rep. Name Business Name Address City, State, ZIP Telephone/Fax	Curly J. Howard Howard, Fine, & Howard 878 Wiseguy Way Anywhere, NE 68999 (402) 555-5555
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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 wishes to appeal the issue of the claimant being allowed benefits for voluntarily quitting the employer. The employer believes the claimant did not have good cause in quitting the employer. The employer does not challenge the disqualification for the claimant's receipt of vacation or severance pay.

Please Sign and Date Here:	<u>Curly Howard</u> Signature	<u>2-31-16</u> Date
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DO NOT ENTER INFORMATION BELOW: FOR TRIBUNAL USE ONLY

Date Appeal was Filed:		(Affix Date Stamp Here)
Number of Days Late:		
Date Show Cause Ordered:		
Date Show Cause 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:	_____ Signature	_____ Date
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