

REQUEST TO RECONSIDER	DOCKET NO. <u>16 XXXX</u>
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Attorney / Rep. Name Company / Firm Name Business 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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Requesting Party:	<input checked="" type="checkbox"/> Claimant <input type="checkbox"/> Employer <input type="checkbox"/> Department of Labor <input type="checkbox"/> Other:
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In the space provided below, briefly state why this appeal should be reconsidered:

The claimant requests that this matter is reconsidered. The claimant did file a timely appeal and this matter should not have been dismissed.

Please Sign and Date Here:	_____ Signature	<u>2-31-16</u> Date
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DO NOT ENTER INFORMATION BELOW	FOR TRIBUNAL USE ONLY
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Date of Decision:		(Affix Date Stamp Here)
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:	_____ Signature	_____ Date
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