

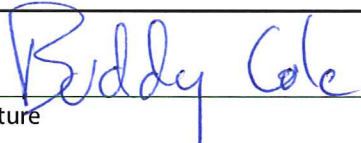

<b>EMPLOYER'S REQUEST TO RECONSIDER</b>	DOCKET NO.: _____
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Employer's Business Name Business Address City, State, ZIP Telephone/Fax	Acme Widgets LTD 321 Contact Way Anywhere NE 68999 Phone: (402) 555-9876, Fax: (402) 555-7524
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Name / Title of person Filing Request:	Buddy Cole, Human Resources Manager
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In the space provided below, briefly state why this appeal should be reconsidered:

The employer requests that the appeal is reopened. Although the employer did not appear at the hearing, it did submit a telephone information return by fax a day before the hearing.

Please Sign and Date Here:	 Signature _____	 Date _____
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Request is <input type="checkbox"/> GRANTED	
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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: _____
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Administrative Law Judge:	_____ Signature _____ Date _____
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