Print Form

NEBRASKA APPEAL TRIBUNAL
NEBRASKA DEPARTMENT OF LABOR

EMPLOYER'S TELEPHONE INFORMATION RETURN FORM

dol.nebraska.gov/Appeals
PO Box 98941
Lincoln, NE 68509-8941

Phone: (402) 471-9886
Fax: (402) 471-1734

DOCKET NO: 16 XXXX

1. Acme Widgets
EMPLOYER'S NAME

XXXXXXXXXXX
Account Number

2. Jane Roe
CLAIMANT'S NAME

Social Security Number

3. 02-31-16
HEARING DATE

8-10 am
Hearing Time

4. **NAME AND TITLE OF EMPLOYER'S WITNESSES**

(Area Code) Telephone Number

a. Buddy Cole - Senior Human Resources Manager (402) 555-1515
b. Herbert Husker - Plant Manager ( ) _____
c. Jessica Rabbit - Accounts Manager ( ) _____

5. **NAME AND ADDRESS OF EMPLOYER'S ATTORNEY / HEARING REPRESENTATIVE**

_____
_____
_____
_____

Office Telephone Number
( ) _____
Hearing Telephone Number
( ) _____

6. **INTERPRETERS:** ☒ The employer's witnesses do not require the assistance of an interpreter.

☐ The employer requests a _____ (language) interpreter

7. **DOCUMENTS**: ☒ The employer has attached 0___ pages documents to be submitted as evidence.

☐ The employer does not intent to submit any documents for this hearing.

8. **CERTIFICATE OF SERVICE:** I hereby certify that I have served a copy of all documents the employer plans to offer as exhibits to: ☐ Claimant or ☐ Other _____ at their address of record as identified on the "Notice of Telephonic Hearing" by: ☐ U.S. Mail (Postage Prepaid), ☐ Fax, ☐ Hand Delivery, ☐ Other (Fed-Ex, UPS, DHL etc.) on this: _____ (Month / Day / Year)

02-20-16
Date

Buddy Cole
Signature/Title

Please return the completed form to the Nebraska Appeal Tribunal, P.O. Box 94600, Lincoln, NE 68509-4600, or by fax to (402) 471-1734. The employer will not be contacted unless it provides all the required information on this form