

EMPLOYER'S REQUEST FOR WITNESS SUBPOENA		DOCKET NO. _____
1.) Requestor's name / title, Business Name, Business Address, City, State, ZIP Telephone / fax number	Buddy Cole, Human Resources Manager Acme Widgets LTD 321 Contact Way Anywhere NE 68999 Phone: (402) 555-9876, Fax: (402) 555-7524	
2.) Name of person to be subpoenaed	Jay Witness	
3.) Will this person testify voluntarily?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If no, why not? He said he would not appear without a subpoena.	
4.) Is this witness's testimony available from anyone else?	<input type="checkbox"/> Yes      If yes, who else can testify?  <input checked="" type="checkbox"/> No	
5.) What testimony will this witness provide and how is it relevant to your appeal?	He will verify that the claimant was admitted he did not attend work on November 31, 2015 so he could attend a football game. The claimant also said that he was sick and could not attend work.	
6.) Subpoena should be directed to: Name of witness Company Name Address City, State, ZIP Telephone / Fax	Jay Witness Acme Widgets LTD 321 Contact Way Anywhere NE 68999 Phone: (402) 555-9876 Fax: (402) 555-7524	
Please Sign and Date Here:	Signature <u>Buddy Cole</u> Date <u>2-31-16</u>	
DO NOT ENTER INFORMATION BELOW :		FOR TRIBUNAL USE ONLY
Assigned Judge		(Affix Date Stamp Here)
Date of Hearing:		
Time of hearing:		
Request Timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Subpoena request is <input type="checkbox"/> GRANTED		
Subpoena request is <input type="checkbox"/> DENIED	<input type="checkbox"/> Not Specific <input type="checkbox"/> Irrelevant <input type="checkbox"/> Cumulative <input type="checkbox"/> Immaterial <input type="checkbox"/> Repetitive <input type="checkbox"/> Other:	
Administrative Law Judge:	Signature _____      Date _____	

Please return the EMPLOYER'S REQUEST FOR WITNESS SUBPOENA to:  
Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509. The request may also be sent by fax to the Tribunal at (402) 471-1734