REQUESI	REQUEST TO RECONSIDER			
Attorney / Rep. Name Company / Firm Name Business Address City, State, ZIP Telephone/Fax				
Requesting Party:	☐ Claimant	☐ Employer	☐ Department of Labor	☐ Other:
In the space provided below, briefly state why this appeal should be reconsidered:				
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Please Sign and Date Here:				
	Signature			Date
DO NOT ENTER INFORMA	TION BELOW:		FOR TRIBUNAL	USE ONLY
Date of Decision:				
Hearing Judge:				
Date Decision was entered:				
Date Decision was mailed:				
Is Request Timely?	□ Yes □	□ No	(Affix Date Sta	ımn Here)
Request is ☐ GRANTED:	<u> </u>	1	(min put su	mp rece,
Request is □ DENIED:	☐ Not filed within 10-day reconsideration p☐ Other:		period	cause not provided
Administrative Law Judge:	Signature			Date