

IDAHO DEPARTMENT OF LABOR
APPEALS BUREAU
317 WEST MAIN STREET
BOISE, IDAHO 83735-0720
(208) 332-3572
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REQUEST TO RE-OPEN

I, _____, do hereby request that the case be reopened.

Docket Number:

Appealing Party:

Claimant's Name:

Claimant's Social Security Number (last 4) OR ID#:

The other party/ies in this matter is/are:

The reason I did not appear for the hearing is:

Appeals Examiner:

The best time of day for my hearing will be: a.m. p.m.

The best day of week for my hearing will be:

Monday Tuesday Wednesday Thursday Friday (a.m. only)

Signature

Date