

INTERSTATE REQUEST FOR RECONSIDERATION
OF MONETARY DETERMINATION

1. NAME LEE H. OSWALD
(First) (Middle) (Last)

3. SSA No. 433 54 3937

LOCAL MAILING ADDRESS 757 France St.
(No.) (St. or Rural Route)
New Orleans, La.
(City) (Zone No.) (State)

UI UCPE UCX
4. Liable State Texas
5. Monetary determination date 4-16-63

6. I request reconsideration for the following reasons:

Employment in my base period as acted below was omitted or incorrectly stated on my determination

a. Employer Name Jagers - Chiles - Howell Inc. Nature of business Printing Co.
Address where work performed 522 Broadway St. No. of employees 1200
Address where records kept Dallas, Texas
I worked from out 12-62 through apr 26-63 in 19 weeks for \$ 1697.42
Qtr. Wages: 1943 1st. Q \$ 727.42 1963 1st. Q \$ 970.00 19— 2nd Q \$ — 19— 4th Q \$ —

b. Employer Name _____ Nature of business _____
Address where work performed _____ No. of employees _____
Address where records kept _____
I worked from _____ through _____ in _____ weeks for \$ _____
Qtr. Wages: 19— 1st. Q \$ _____ 19— 2nd Q \$ _____ 19— 3rd Q \$ _____ 19— 4th Q \$ _____

c. Enter below any other information which may apply (a) other names under which worked; (b) other social security account numbers used; (c) badge or clock number; (d) the employer's plant number; (e) name of the department; (f) occupation.

(b) claimant's wage report made wrong
SSN which is 433 54 - 3739

WBA and MBA incorrect because _____

Other _____

7. The above facts are true to the best of my knowledge and belief

(Claimant's Signature)

8. Documents Attached Yes No

Title and Date of Documents attached W-2 form

9. Request filed if in person, enter date filed 4-29-63

if by mail, enter postmark date _____ and receipt date _____

10. Use L.O. stamp or enter L.O. address and the
DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET
NEW ORLEANS 12, LOUISIANA

Itinerary Point Location _____

11. I certify that I have verified the claimant's social security number.

Bob Hurley
(Claimant's Signature)

Distribution: Original and one to liable interstate unit; copy to claimant; copy for agent state local - 2.