

IDAHO DEPARTMENT OF LABOR APPEALS BUREAU
317 W. Main St. Boise, Idaho 83735-0720
Phone: 208-332-3572
Fax: 208-334-6440



REQUEST TO REOPEN

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(s) 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