Guidance Document

Pursuant to Neb. Rev. Stat. §84-901.03

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CLAIMANT'S NOTICE OF APPEAL			
Claimant's Full Name Street Address City, State, ZIP Telephone number Fax / e-mail (if available)			
Social Security Number			
PLEASE INDICATE REASONS FOR APPEAL IN THE SPACE BELOW:			
For more information of the second se			or's Determination with the Notice of Appeal bsite at dol.nebraska.gov/appealtribunal.htm
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Adjudicator (initials):			
Appeal timely filed?	☐ Yes	□ No	
Docket Number:			(Affix Date Stamp Here)