

INTERSTATE REQUEST FOR RECONSIDERATION
OF MONETARY DETERMINATION

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

3. SSA No. 433 54 3937

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

UI UCFE UCX
4. Liable State Texas

5. Monetary determination date 4-16-63

6. I request reconsideration for the following reasons:

Employer in my base period as noted below was omitted or incorrectly stated on my determination:

a. Employer Name Jagers - Charles - Howell Inc Nature of business Printing Co.
Address where work performed 100522 Brumley St. No. of employees 200
Address where records kept Dallas, Texas
I worked from Oct 12-62 through April 6-63 in 19 weeks for \$ 1697.22
Qtr. Wages: 1962 1st. Q \$ 727.22 1963 1st. Q \$ 970.00 19--- 3rd Q \$ --- 19--- 4th Q \$ ---

b. Employer Name Creel Exhibit No. 3 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.

(P-1) Claimant's wages reported 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 Dat: of Documents attached W2 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 No.

DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET

Itinerant Point Location NEW ORLEANS 12, LOUISIANA

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

(Claims Examiner's Signature)

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

CREEL EXHIBIT No. 3