

INTERSTATE REQUEST FOR RECONSIDERATION
OF MONETARY DETERMINATION

Code 0
Budget Bureau No. 44-31004-1

D-104

1. NAME LEE H. OSWALD 3. SSA No. 433 54 3937
 (First) (Middle) (Last)

LOCAL 4. Liable State Texas
 MAILING 5. Monetary determination date 4-16-63
 ADDRESS 757 France St.
 (No.) (St. or Rural Route)
New Orleans, La.
 (City) (Zone No.) (State)

6. I request reconsideration for the following reasons:

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

a. Employer Jagers - Chiles - Stovall, Inc. Printing Co. Nature of Business
 Name 70522 Broadway St. No. of employees 200
 Address where work performed Dallas, Texas
 Address where records kept
 I worked from Oct 12-62 through April 6-63 in 19 weeks for \$ 1697.21
 Qu. Wages: 194 1st Q \$ 727.21 194 2nd Q \$ 970.00 194 3rd Q \$ — 194 4th Q \$ —

b. Employer _____ Nature of business _____
 Name _____ No. of employees _____
 Address where work performed _____
 Address where records kept _____
 I worked from _____ through _____ in _____ weeks for \$ _____
 Qu. 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) name of the employer; (e) occupation.
(b) Claimant's wages reported under 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 of Lee H. Oswald (Claimant's Signature)

8. Documents Attached Yes No Title and Date of Documents attached W-2 form

9. Request filed 4-29-63 If in person, enter date filed and receipt date
 If by mail, enter postmark date

10. Use L.O. stamp or copy L.O. address and No.
 DIVISION OF EMPLOYMENT SECURITY
 630 CAMP STREET
 NEW ORLEANS 12, LOUISIANA

11. I certify that I have verified the claimant's social security number.
Bob Hanley
 (Claims Examiner's Signature)

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

HUNLEY EXHIBIT No. 1



HUNLEY EXHIBIT No. 1—Continued