

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)

OUT  UCFE  UCK  
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 noted below was omitted or incorrectly stated on my determination:

a. Employer Jagers - Childs - Howell Inc Nature of business Printing Co.  
Name \_\_\_\_\_  
Address where work performed 1015 1/2 Broadway St. No. of employees 1200  
Address where records kept Dallas, Texas  
I worked from Oct 12-62 through Apr 26-63 in 19 weeks for \$ 1697.22  
Qtr. Wages: 194 1st Q \$ 777.22 194 2nd Q \$ 970.00 194 3rd Q \$ — 194 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) Clement's wages report made for me  
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 Lee H. Oswald (City and State) (Signature)

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

9. Request filed  If in person, exact date filed 4-22-63  
 If by mail, enter postmark date \_\_\_\_\_

10. Use L.O. stamp or enter L.O. address  
DIVISION OF EMPLOYMENT  
630 CAMP ST.

His name  
Print: