

INTERSTATE REQUEST FOR RECONSIDERATION
OF MONETARY DETERMINATION

Budget Bureau No. 6522041

1. NAME LEE H. OSWALD
2. MAILING ADDRESS 757 France St.
New Orleans, La.
3. WPA No. 433 54 3937
4. State La.
5. Monetary determination date 4-16-63

6. I request reconsideration for the following reasons:

Employment in my home period as stated below was obtained or lawfully secured under circumstances:
a. Employer Jagers - Chittenden - Howell Inc. Printing Co.
Address where work performed 10522 Prouder St.
Dallas, Texas
Address where records kept Dallas, Texas
I worked from out 12-62 through apr 6-63 in 19 with No. 1697 B
Gr. Wage: 1st Q. 277⁰⁰ 2nd Q. 270⁰⁰ 3rd Q. - 4th Q. -

b. Employer _____
Address where work performed _____
Address where records kept _____
I worked from _____ through _____ in _____ with No. _____
Gr. Wage: 1st Q. _____ 2nd Q. _____ 3rd Q. _____ 4th Q. _____

c. Enter below any other information which may apply (a) other cases under which worked; (b) other social security account numbers used; (c) badge or check number; (d) the employer's plant number; (e) name of the department; (f) occupation.
(b) claimant's wages reported wrong
322 what is 433 54 3739
 WPA and WBA account because _____
 Other _____

7. The above facts are true to the best of my knowledge and belief (Signature)

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

9. Request filed in person, date filed 9-29-62 and receipt date _____
 by mail, date postmark date _____

10. Use L.O. stamp or other L.O. address and file
DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET
NEW ORLEANS 12, LOUISIANA
Inquirer _____
Field Location _____

11. I certify that I have verified the facts stated above.
Bob H. Stanley
(Claimant's Signature)

Distribution: Original and one to liable insurance; one to claimant; copy for agent state local -