

KANSAS DEPARTMENT OF LABOR

401 SW TOPEKA BLVD
TOPEKA KS 66603-3182
TELEPHONE: 785-296-3497

EXAMINER'S DETERMINATION

SSN:
BYB:
NAME:
SERIAL:
EXAMINER:
CODE:
MAILED:

RECONSIDERED BASE PERIOD EMPLOYER DETERMINATION

BENEFITS PAID ON THIS CLAIM WILL NOT BE CHARGED TO YOUR FIRM'S ACCOUNT.

Appeal Rights: This determination becomes final sixteen(16) days after it is mailed, unless appealed in writing on or before the final date. (If the 16th day falls on a Saturday, Sunday or a Holiday, the next working day is the final date). If you disagree with this determination, an appeal may be filed by letter stating you wish to file an appeal and the reason(s) you disagree with the decision. Mail your appeal to the Office of Appeals, 401 SW Topeka Blvd., Topeka, KS 66603-3182 or fax to 785-296-4065. Please include in your letter, your name, mailing address, telephone number and social security number. You may also contact the Call Center for additional information and assistance about filing an appeal. If you do not file a timely appeal, it may still be considered timely if you can establish a timely response was impossible due to excusable neglect.