

STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Employment Security
Appeals Operations
220 French Landing Drive
Nashville, Tennessee 37243-1002



Telephone: (615) 741-1857
Facsimile: (615) 741-8933

REQUEST TO RESCHEDULE HEARING

Claimant's Social Security Number _____ Docket Number _____

Claimant's Name _____ Employer's Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Claimant's Telephone _____ Employer's Telephone _____

Please reschedule the: Appeals Tribunal Office of Administrative Review hearing currently set for
(time) _____ on (date) _____ with (hearing officer) _____

I have a significant conflict with the date/time for the hearing. (Please describe)

Date _____

Signature _____

Title (if employer) _____

Note: Absent an emergency, a party requesting a reschedule of an Appeals Tribunal hearing must make its request at least 48 hours before the date and time of the hearing.