

APPEALS BUREAU

FAX

IDAHO
DEPARTMENT OF LABOR
BRAD LITTLE, GOVERNOR
JANI REVIER, DIRECTOR

Date:

To: APPEALS BUREAU

Fax number: 208/334-6440

Total pages:

From:

E-mail:

Phone number:

REQUEST TO WITHDRAW

DOCKET #

I wish to withdraw my protest/appeal of the Determination dated _____ hearing will be held, and the Determination being appealed will not be changed.

. I understand that no

Printed Name of Appealing Party

Signature