Form IB-14
Rev. 1-61
LOUISIANA—19

Code 0
Budget Bureau No. 44-R1004.1

INTERSTATE REQUEST FOR RECONSIDERATION OF MONETARY DETERMINATION

1. NAME (Print) LEE (First) H. (Middle) OSWALD (Last)

3. SSA No. 433 54 3937

2. LOCAL MAILING ADDRESS 757 (No.) France St. (St. or Rural Route)
New orleans, La (City) (Zone No.) (State)

☒ UI ☐ UCFE ☐ UCX

4. Liable State Texas

5. Monetary determination date 4-16-63

6. I request reconsideration for the following reasons: accpt # 05814

☐ Employment in my base period as noted below was omitted or incorrectly stated on my determination:

a. Employer Name Jaggars - Chiles - Stovall Inc. Nature of business Printing Co.
Address where work performed 522 Browder St. No. of employees 200
Address where records kept Dallas, Texas
I worked from Oct 12-62 through April 6-63 in 19 weeks for $ 1697.00
Qtr. Wages: 19 62 4th Q $ 727.00 19 63 1st Q $ 970.00 19 — 3rd Q $ — 19 — 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) Claiment's wages reported under wrong SS# 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 (Claimant's Signature)

8. Documents Attached ☒ Yes ☐ No Title and Date of Documents attached W-2 form. (Please return)

9. Request filed If in person, enter date filed 7-29-63
If by mail, enter postmark date and receipt date

10. Use L.O. stamp or enter L.O. address and No.
DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET
NEW ORLEANS 12, LOUISIANA

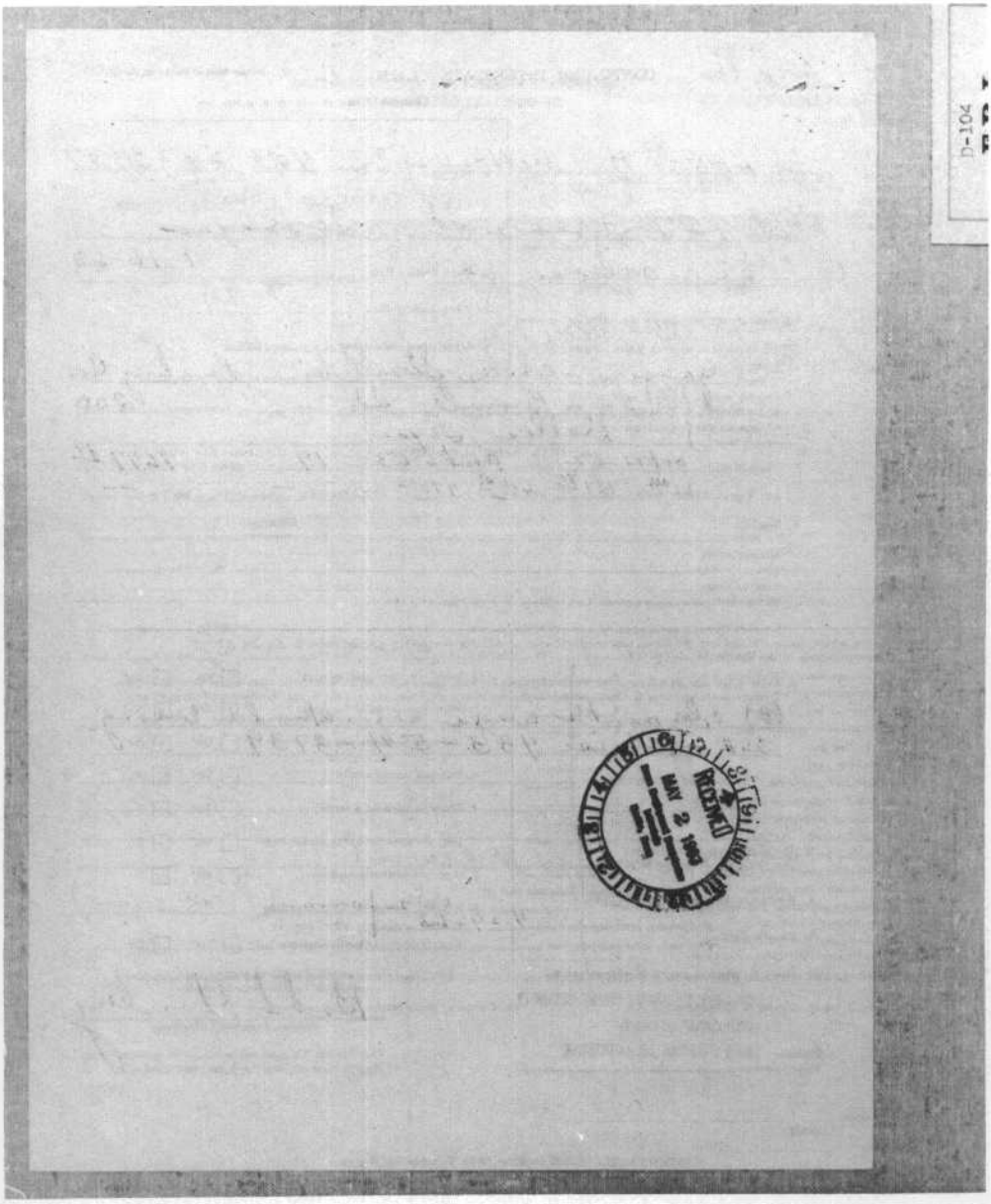
Itinerant Point Location

11. I certify that I have verified the claimant's social security number.
Bobb Hunley (Claims Examiner's Signature)

Distribution: Original and one to liable interstate unit; copy to claimant; copy for agent state local office.

D-104

HUNLEY EXHIBIT NO. 4



HUNLEY EXHIBIT No. 4—Continued