

OSAH FORM 1

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

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|---------------------------------|----------------------|--------------------------|---------------|--------|-------|
| OSAH USE ONLY DOCKET NUMBER: | AGENCY DOL | CASE CODE UITL | DOCKET NUMBER | COUNTY | JUDGE |
|---------------------------------|----------------------|--------------------------|---------------|--------|-------|

NAME OF REFERRING AGENCY: **DEPARTMENT OF LABOR**

THIS FORM IS FOR UITL (Unemployment Insurance Tax Liability) CASES ONLY

PARTY APPEALING: EMPLOYER CLAIMANT

COUNTY OF RESIDENCE FOR PARTY APPEALING: _____

DATE OF REQUEST FOR HEARING: _____

CONTACT PERSON IN REFERRING AGENCY

| | | |
|---|-----------------|---------|
| NAME: | TEL NO: | FAX NO: |
| CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST | POSITION | EMAIL: |
| | | PAGER: |
| ATTORNEY NAME: | TEL NO: | FAX NO: |
| CURRENT ADDRESS INCLUDING ZIP CODE | GEORGIA BAR NO: | EMAIL: |
| | | PAGER: |

EMPLOYER

| | | |
|--|---|---------|
| NAME OF EMPLOYER: | TEL NO: | FAX NO: |
| CONTACT PERSON FOR EMPLOYER: | POSITION: | EMAIL: |
| | TEL NO: | PAGER: |
| EMPLOYER ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST | <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER: _____ | EMAIL: |
| | | PAGER: |
| EMPLOYER ATTORNEY NAME: | TEL NO: | FAX NO: |
| CURRENT ADDRESS INCLUDING ZIP CODE | GEORGIA BAR NO: | EMAIL: |
| | | PAGER: |

CLAIMANT

| | | |
|------------------------------------|-----------------|---------|
| NAME OF CLAIMANT: | TEL NO: | FAX NO: |
| CLAIMANT ADDRESS: | | |
| CLAIMANT ATTORNEY NAME: | TEL NO: | FAX NO: |
| CURRENT ADDRESS INCLUDING ZIP CODE | GEORGIA BAR NO: | EMAIL: |
| | | PAGER: |

DOCUMENT INITIATING THE HEARING: As "Attachment 1" to this form, attach the document initiating the hearing.

ISSUES TO BE RESOLVED: As "Attachment 2", note applicable statutes OR attach an outline of legal issues and factual matters to be resolved.

SPECIAL REQUIREMENTS: As "Attachment 3", attach a sheet identifying any statutes or rule (state or federal) establishing or requesting any specific time deadlines, procedures, or other requirements that are to be applied by OSAH in resolving the matter referred.

SERVICE OF DOCUMENTS: All notices, decisions and any other documents relevant to this matter should be served on the attorney of record for the agency and upon the contact person for the agency identified in item 4 above.