

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
IN THE OFFICE OF THE SECRETARY OF LABOR**

In the Matter of: _____)
)
)
)
 Appellant,)
)
 vs.)
)
 _____)
)
 _____)
)
 Appellee(s).)
 _____)

NOTICE OF APPEAL

from the order issued in

Case No. _____

Date of order: _____

I appeal the decision of the Hearing Officer in the case number above on the following grounds:

1. _____

2. _____

(use additional numbered sheets as necessary; specify all reasons for appeal)

I certify that this appeal was filed within fifteen days of the date of the order appealed from, a copy of the order appealed from is attached to this notice, and I have paid the appeal fee. (Each appellant files a separate form.)

Signature

Contact number

Printed name and LIDS/Employer/Bar No.

E-mail address: _____

Translator name, if any

Dated: _____