## DEPARTMENTAL SUBMISSION



DEPARTMENT: FILE NUMBER: [eSCRIBE Department] Appeals and Hearings-0036

\* **RE:** Submitting report related to:

\* **SUMMARY:** Click or tap here to enter text.

\* RECOMMENDATION:

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## \* DEPARTMENTAL CONTACT:

Name:Click or tap here to enter text.Position:Click or tap here to enter text.

\*=REQUIRED