

# **DEPARTMENTAL SUBMISSION**

**DEPARTMENT**: [eSCRIBE Department]

FILE NUMBER: Appeals and Hearings-0117

### \* RE:

Submitting report related to:

#### \* SUMMARY:

Click or tap here to enter text.

### \* RECOMMENDATION:

Click or tap here to enter text.

## \* DEPARTMENTAL CONTACT:

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

### \*=REQUIRED