BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS
STATE OF WASHINGTON

IN RE: _____	)	**DOCKET NO.** _____
	)	
CLAIM NO. _____	)	**REQUEST FOR DISMISSAL OF APPEAL**
_____	)	

I,_____, request that my appeal filed on
(Name)

_____, be dismissed. I understand that dismissing my appeal means:

(1) The Department of Labor and Industries' decision that I appealed will not change.

(2) I cannot file a further appeal on this Department decision.

_____
(Signature)

DATE:_____