

PRECEDENT DECISION REFERRAL FORM

Date: _____

TO: Precedent Decision Unit (PDU), M.S. 19-72

FROM: _____
Division _____ Program/Regional Office _____

Precedent Decision Contact Person Phone Number M.S. _____

Please consider the following decision for Precedent Decision status:

Decision referred for Precedent Decision consideration: _____
Case Name/State Hearing Number

_____ Entire Decision

_____ Part of Decision as identified to be considered for Precedent Decision status.

Issue/Reason for referral:

Signature of Precedent Decision Contact Person