

SPTP/SSP REQUEST FOR HEARING BY THE
KANSAS OFFICE OF ADMINISTRATIVE HEARINGS

Date: _____ **LSH Case Number:** _____

Name: _____

Address: _____

County of Original Commitment: _____

I request an administrative hearing to review the decision or final agency determination taken by:

**Specify Rule, Regulation,
Policy or Statute you
allege has been violated:** _____

**Specify Name(s) of
Worker/Employee involved:** _____

**Date of Decision or
Final Agency Determination:** _____

**A COPY OF THE DECISION OR FINAL AGENCY DETERMINATION
INCLUDING ALL DOCUMENTATION SUBMITTED IN THE LSH CASE NUMBER
AND ALL AGENCY RESPONSES MUST BE SUBMITTED WITH THIS FORM**

I am requesting review of this matter because: *(continue on attached page if necessary)*
(Explain why decision or final agency determination is not satisfactory)

I understand that this is a hearing a Presiding Officer of the Office of the Kansas Administrative Hearings.

Signature: Person Requesting Administrative Hearing