KANSAS DEPARTMENT OF LABOR www.dol.ks.gov

## **APPLICATION FOR DISMISSAL**

K-WC E-6 Pro Se (Rev. 03-24) (K.S.A. 44-523(f))

## DO NOT WRITE IN THIS SPACE

Date Stamp

Cas	se number (	(required):							
Employee:					-				
		First	Middle	Last					
Pho	one:				_				
Em	ail:				_				
Em	ployer:				_				
1.	Set forth a	reason listed in	K.S.A. 44-523(f) for	which dismissal is sou	yht:			 	
2.	Are you int	erested in goin	g through the Worker	rs Compensation media	tion process?	YES	NO		

## DO NOT USE THIS FORM IF YOU ARE AN ATTORNEY OR HAVE AN ATTORNEY

By completing this form and submitting it to the Division, you certify that you are not represented by an attorney for the matter referenced herein.

Applicant printed name	Signature	Date
ddress:		

DO NOT WRITE IN THIS SPACE	
Certified Stamp ALJ Copy	

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## Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual. The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.