



Office of Congressional Workplace Rights Request to Exceed the Page Limit for the Claim Form Continuing Description

Please fill out the required information in the blanks below for OCWR to consider your request.

Your full name: _____

Employing office that your claim was filed against: _____

Your case number (if any): _____ Date your initial claim was filed: _____

I am requesting to exceed the page limit for the continuing description submitted with my claim form by _____ (specify number) pages. Exceeding the page limit is necessary for the Preliminary Hearing Officer to consider in the preliminary review of my claim because:

Please see the [OCWR website](#) for more information about the preliminary review process.

I certify that the above statements are true to the best of my knowledge, and I request that OCWR grant my request to exceed the page limit for the continuing description submitted with my claim form.

Your name and signature

Date

This form may either be emailed to OCWRrefile@ocwr.gov, or hand-delivered or mailed to: Office of the Clerk, Office of Congressional Workplace Rights, John Adams Building, 110 Second Street SE, Room LA-200, Washington, DC 20540-1999. If your request is approved, you will be notified at the email address you indicated on your initial claim form.