

Appeal Adjournment Request

Section 85(1) of the Employment and Assistance Regulation requires the consent of both parties and the chair of the Tribunal for an adjournment. If the adjournment request is being made more than 1 business day prior to the scheduled hearing, please complete this form, obtain the consent and signature of the other party, and return it immediately to the Tribunal. The form must be received by the Tribunal more than 1 business day prior to the hearing. If an adjournment request is being made within 1 business day of the scheduled hearing, the request must be made to the panel at the hearing.

I, \_\_\_\_\_, request an adjournment of the hearing under the Employment and Assistance Act, scheduled for: \_\_\_\_\_ for Appeal Number \_\_\_\_\_.
Month/Day/Year

Reason(s) for Request: \_\_\_\_\_

Step 1: Complete this Section (to be completed by the Appellant)

Name Consent Provided: Yes [ ] No [ ]
Signature Date:

Step 2: Get Consent from the Ministry (to be completed by the Ministry)

Name Consent Provided: Yes [ ] No [ ]
Signature Date:

Step 3: Send to the Tribunal (to be completed by the Tribunal Chair)

Request approved: Yes [ ] No [ ]
Reason not approved \_\_\_\_\_
Tribunal Chair Signature: Date:

Send the completed Appeal Adjournment Request to:
Employment and Assistance Appeal Tribunal
PO Box 9994 Stn Prov Govt Victoria BC V8W 9R7
Toll Free Fax: 1-877-356-9687
Fax in Victoria: 250-356-9687
Questions? Call Toll Free:1-866-557-0035, or in Victoria: 250-356-6374