

Employment
and Assistance
Appeal Tribunal

Consent to Dismiss Appeal

Dismissal of an appeal may occur at any time before a panel makes a decision if both parties consent and if the Tribunal receives a completed Consent to Dismiss form. The dismissal of an appeal means that no decision on an appeal will be made. The Tribunal will notify the parties that the appeal has been dismissed.

To be completed by the Appellant:

NAME	TELEPHONE No.	APPEAL No.
MAILING ADDRESS		
Pursuant to s.23 of the <i>Employment and Assistance Act</i> , I hereby consent to the dismissal of my appeal to the Employment and Assistance Appeal Tribunal. I understand that the effect of this Consent to Dismiss Appeal is that my appeal will not be heard by the Employment and Assistance Appeal Tribunal at this time or at any time in the future.		
Appellant's Signature: _____		Date: _____ Month/Day/Year

To be completed by the Ministry:

NAME	TELEPHONE No.	APPEAL No.
Pursuant to s.23 of the <i>Employment and Assistance Act</i> , the Ministry hereby consents to the dismissal of this appeal.		
Ministry's Signature: _____		Date: _____ Month/Day/Year

Send the completed Consent to Dismiss form 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

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act*, the *Employment and Assistance for Persons with Disabilities Act* and the *Child Care Subsidy Act*. The disclosure of this information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of this information, please contact the Employment and Assistance Appeal Tribunal.