

## CONSENT TO DISMISS APPEAL

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*. For more information about the collection, use and disclosure of this information, please contact the Employment and Assistance Appeal Tribunal.

### SECTION ONE: TO BE COMPLETED BY APPELLANT

#### Appellant Information

Name		Social Insurance Number	
Address		City	Postal Code
Telephone Number	FAX Number	File Number	Appeal No.

Pursuant to S.23 of the *Employment and Assistance Act*, I hereby consent to the dismissal of my appeal to the Employment and Assistance Appeal Tribunal of the ministry Reconsideration Decision which was made on

\_\_\_\_\_ .  
Date (YYYY MMM DD)

**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	Telephone Number	Date (YYYY MMM DD)
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### SECTION TWO: TO BE COMPLETED BY MINISTRY OFFICIAL

#### Ministry Information

Name		
Address		City
Telephone Number		FAX Number

Pursuant to S.23 of the *Employment and Assistance Act*, the ministry hereby consents to the dismissal of Appeal No. \_\_\_\_\_ .

Signature of Worker	Date (YYYY MMM DD)
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