



Today's Date

SR#: [Click here to enter](#)
Case #: [Click here to enter](#)
MIS Case #: [Click here to enter](#)

Client Name
Address

Dear Client Name:

The *Employment and Assistance Act* states that ministry clients who are expected to work must comply with the terms of their Employment Plan to remain eligible for assistance. You have not followed through on the conditions in your Employment Plan and have not met your work-related obligations. Specifically, you [Insert reasons](#).

As you have not met the work-related requirements, we regret to inform you that you are [Choose an item](#) Date or dollar amount.

If you are dissatisfied with this decision, you can ask the ministry to reconsider it. You have 20 business days from the day you receive this letter to submit a completed Request for Reconsideration form. You can get this form, and all information that we considered to make this decision, from your Employment and Assistance office or by phoning the ministry. We have enclosed the Reconsideration and Appeals brochure to give you more information about the reconsideration process.

If you have any questions, please call the Ministry of Social Development and Poverty Reduction [Choose an item](#)

Sincerely,

Enter Name
Ministry [Choose an item](#)

HR3230 (17/12/29)
Security Classification: MEDIUM SENSITIVITY

Enclosure(s): [Reconsideration and Appeals brochure]

The Ministry of Social Development and Poverty Reduction operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.

Ministry of Social
Development and
Poverty Reduction

Office Name

Mailing Address
Enter address

Telephone: (###) ###-####
Facsimile: (###) ###-####