



USE ONLY WHEN ICM NOT AVAILABLE

SECTION 1 and 2 TO BE COMPLETED BY WORKER

SECTION 1 REQUESTOR INFORMATION

REQUESTOR'S NAME	SOCIAL INSURANCE NUMBER	FILE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
REQUESTOR'S ADDRESS		
<input type="text"/>		
WORKER'S NAME	WORKER NUMBER	EMPLOYMENT AND ASSISTANCE OFFICE
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 DECISION TO BE RECONSIDERED

ASSISTANCE / ELIGIBILITY HAS BEEN: DENIED DISCONTINUED REDUCED PWD RESCIND

THE ACT AND / OR REGULATIONS THAT APPLY TO THIS DECISION ARE:

RELEVANT DATES:	MONTH DECISION EFFECTIVE (YYYY MMM DD)	DATE REQUESTOR INFORMED OF DECISION (YYYY MMM DD)
	<input type="text"/>	<input type="text"/>
		DATE REQUESTOR MUST SUBMIT FORM BY (YYYY MMM DD)
		<input type="text"/>
EMPLOYMENT AND ASSISTANCE WORKER SIGNATURE	DATE (YYYY MMM DD)	
<input type="text"/>	<input type="text"/>	

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SECTION 3 REASON FOR REQUEST FOR RECONSIDERATION

(TO BE COMPLETED BY THE REQUESTOR ONLY AFTER SECTIONS 1 AND 2 HAVE BEEN COMPLETED BY WORKER)

SECTION 4 NOTICE OF REQUEST FOR RECONSIDERATION

(ATTACH ADDITIONAL PAGES IF REQUIRED)

(TO BE COMPLETED BY THE REQUESTOR)

IMPORTANT: The request to have the Ministry decision reconsidered must be submitted to your Employment and Assistance Office within 20 business days of when you receive the decision concerning eligibility. (see "Date Client Informed of Decision" box on page 1)

I hereby give notice that I am dissatisfied with the Ministry decision regarding my request for assistance or supplement and wish to exercise my right to request a reconsideration of this decision. I have attached all relevant documents I wish to have considered.

REQUESTOR'S SIGNATURE	TELEPHONE	DATE (YYYY MMM DD)

Personal information on this form is collected under the authority of the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act* and the *Child Care Subsidy Act*. This information will be used to assess your request for a reconsideration of a decision. The disclosure of personal 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 your local Employment and Assistance Office.

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**EMPLOYMENT AND ASSISTANCE
REQUEST FOR RECONSIDERATION**

If you are dissatisfied with a ministry decision, you may request a reconsideration of the decision.

To notify the ministry that you want to have the decision reconsidered you must submit an Employment and Assistance Request for Reconsideration form. Your Employment and Assistance Worker will complete sections 1 and 2 of the form. Section 2 explains what the ministry decision is, states the month it is effective and the legislative authority on which it was based. You must complete sections 3 and 4 and return the form, along with all relevant documents you wish to have considered, to your Employment and Assistance Office within 20 business days of being notified of the ministry decision.

Upon submitting your Request for Reconsideration, a representative of the Reconsideration and Appeals Section will reconsider the ministry decision. The reconsideration decision will be made within 10 business days from the date the ministry receives the completed Request for Reconsideration form, or within 20 business days if an extension is requested and granted. You will be informed in writing of the reconsideration decision.

It is important that you submit all relevant documents relating to your request along with your Request for Reconsideration form in order to ensure that all pertinent information is considered by the Reconsideration and Appeals Section. You are encouraged to attach a written submission with your request. If you need assistance in preparing your submission, you may contact your local Employment and Assistance Centre for a list of local community law offices or community advocacy groups.

The written submission should include:

- the issue (as you see it) that you are asking the Ministry to reconsider.
- any provision of an Act or Regulation you feel is relevant to your request.
- reasons why you think the ministry decision is incorrect.
- copies of any documents supporting your request.

If you are dissatisfied with the outcome of the reconsideration, you may appeal to the Employment and Assistance Appeal Tribunal.

The ministry decision stands until a final decision is made. If the ministry decision is to reduce or discontinue your assistance, you may be eligible to receive a reconsideration/appeal supplement during the reconsideration/appeal. However, you must agree in writing to repay the amount if the final decision does not approve your request. If the final decision approves your request, you do not have to repay the reconsideration/appeal supplement.

Pursuant to subsection 22(4) of the *Employment and Assistance Act*, a tribunal panel may admit as evidence only:

- (a) the information and records that were before the minister when the decision being appealed was made, and**
- (b) oral or written testimony in support of the information and records referred to in paragraph (a).**

CONSEQUENTLY, IT IS IMPORTANT THAT YOU SUBMIT ALL RELEVANT INFORMATION WITH YOUR REQUEST FOR RECONSIDERATION.