

EMPLOYMENT AND ASSISTANCE RECONSIDERATION DECISION

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			Reconsideration No.
			Service Request No. (ICM)
REQUESTOR I	NFORMATION		
Requestor Name			
Requestor Address (Physical a	address documents should be delivered to:		
City		Postal Code	File Number
DECISION UNI	DER CONSIDERATION (Summarize	the request and original	inal decision)
SUMMARY OF	FACTS (Summarize the relevant facts,	based on the reques	et and the evidence provided)
			*
APPLICABLE I	LEGISLATION		
RECONSIDER	ATION DECISION		
ENCLOSED:	ALL DOCUMENTS CONSIDERED BY THE MINISTRY	NOTICE OF APPEA APPEAL TRIBUNA	AL TO THE EMPLOYMENT AND ASSISTANCE
SIGNATURE	NAME AND TITLE (please p	rint)	DATE (YYYY MMM DD)

If this decision is appealable to the Employment and Assistance Appeal Tribunal, and you wish to appeal this decision, you may complete the enclosed Notice of Appeal to the Employment and Assistance Appeal Tribunal form and return it to the Appeal Tribunal. This Reconsideration Decision and attached documents constitute the appeal record. A sealed copy of this appeal will be kept by the ministry.

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).