



[date]

[address]

Our File: GA

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 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 one][date or amount "until" date].

If you disagree 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 contact the ministry [choose one]

Sincerely,

[name]
Ministry Worker

HR3075 (12/10/01)

Enclosure(s): [Employment Plan brochure]
[Reconsideration and Appeals brochure]

The Ministry of Social Development operates under the authority of the *Employment and Assistance Act* and Regulation and the *Employment and Assistance for Persons with Disabilities Act* and Regulation.

**Ministry of
Social Development**

[Office Name here]

Mailing Address:
[address here]

Telephone: ### ### ####
Facsimile: ### ### ####