Employment and Assistance Appeal Tribunal

Section 4(1)(e) of the Tribunal Practices and Procedures states that a subsequent request for a change in the type of hearing will only be considered in exceptional circumstances. Requests to change the type of hearing must be made in writing as soon as possible and indicate the reason for the request.

TO BE COMPLETED BY APPELLANT				
NAME	TELEPHONE NUMBER		APPEAL NUMBER	
Reason(s) for the request:				
DATE (MONTH/DAY/YEAR)				
Current hearing type is:		Oral	Teleconference	Written
Request for hearing type:		Oral	Teleconference	Written
TO BE COMPLETED BY TRIBUNAL STAFF				
Did the Tribunal Chair determine the type of hearing? If yes, provide the appeal file to the Tribunal Chair			Yes	No
Is there sufficient time to accommodate the request?			Yes	No
			105	110
Has the panel been assigned?			Yes	No
Hearing room Information:	Is there a speaker phone	?	Yes	No
	Can a Polycom system be	e used?	Yes	No
TO BE COMPLETED BY THE TRIBUNAL CHAIR				
Request approved:			Yes	No
Reason(s) not approved:				
TRIBUNAL CHAIR'S SIGNATURE			DATE (MONTH/DAY/YEAR)	

Send the completed request to:

Employment and Assistance Appeal Tribunal Toll Free Fax: 1-877-356-9687 Fax in Victoria: 250-356-9687 Email: info@eaat.ca

Questions? Call Toll Free: 1-866-557-0035, or in Victoria: 250-356-6374

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*. If you have any questions about the collection, use and disclosure of this information, please contact the Employment and Assistance Appeal Tribunal.