

TIME EXTENSION REQUEST WORKSHEET

(s. 10(4) of the Assured Income for the Severely Handicapped Act or s.45(2) of the Income and Employment Supports Act)

Name:	
Address:	
Telephone:	
Email Address:	

1. What issue are you appealing?

2. On what date were you made aware of the department's decision that you wish to appeal?

3. How did you receive the programs decision?

Verbally

By Letter

Other (please explain)

4. If you received a letter, what was the date printed at the top?

5. If you received a letter, on what date did you receive it?

6. Is there more than two weeks between the date printed on the letter and the day you got the letter?

Yes

No

7. If yes, why?

8. What date were you notified about your right to appeal?

9. Why did it take so long (more than 30 days) to file the appeal?