

### 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:	

- What issue are you appealing?
- On what date were you made aware of the department's decision that you wish to appeal?
- How did you receive the programs decision?
  - Verbally
  - By Letter
  - Other (please explain)
- If you received a letter, what was the date printed at the top?
- If you received a letter, on what date did you receive it?
- 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?