



THE APPEAL COMMISSION

THE WORKERS COMPENSATION ACT OF MANITOBA

PRE-HEARING REQUESTS

Worker/Employer: _____ Claim/Firm Number: _____

Telephone (home): _____ (cell) _____ Email: _____

I, _____, request:
(insert name)

ADJOURNMENT ☐

SUBPOENA WITNESS ☐

OTHER ☐ _____

This request is required because of the following circumstances:

Signature

Date

Filing the Request

A party who makes a request must file a copy of the request with the Appeal Commission.

Appeal panel to decide

The appeal panel will decide whether to allow the request and may provide oral or written reasons for its decision.