



THE APPEAL COMMISSION  
THE WORKERS COMPENSATION ACT OF MANITOBA

## REQUEST FOR ADJOURNMENT

Worker/Employer: \_\_\_\_\_ Claim/Firm Number: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work) \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, request that the appeal currently scheduled  
(insert name)

for \_\_\_\_\_ be adjourned.  
(insert date of hearing)

This adjournment is required because of the following circumstances:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Filing the Request

A party who requests an adjournment must file a copy of the request with the Appeal Commission.

### Notifying the other parties

A party who requests an adjournment must provide notice of the request on all persons with adirect interest who are participating in the appeal.

### Appeal panel to decide

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