



Submit Completed Form

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 a direct 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.