Yukon Workers' Compensation Health and Safety Board

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 393-6279, **Website:** www.wcb.yk.ca

REQUEST TO RESCHEDULE A HEARING

Parties may request to reschedule a hearing for a review or an appeal up to seven (7) days before the hearing date. The Hearing Officer or the Appeal Panel of the Board of Directors shall consider whether the application is reasonable, and may grant or refuse the party's request.

Name of Party	
Name of Representative *(if applicable)*	
Address	
City/Town	Postal Code
Telephone (home)	Telephone (work)

You are requesting to reschedule a hearing regarding: *(please mark your answer)*

☐ **A claim for compensation**

Claim number: _____

☐ **An assessment matter**

Name of company: _____ Account number: _____

☐ **An occupational health and safety matter**

Name of company: _____

For what date is the hearing scheduled? _____

For when would you like to reschedule the hearing? _____

Explain why you are requesting to reschedule the hearing. If you have documentation to support your application, please attach it.

_____

_____

_____

_____ _____

Signature *Date*

For further information about reviews or appeals, please contact the Appeals Assistant: YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.

Note: This information is being collected under the authority of the *Workers' Compensation Act* S.Y. 2008 or *Occupational Health and Safety Act* R.S.Y. 2002 solely for the purpose of your review or appeal. For further information about the collection of this information, please contact the Vice-President of Operations/CFO, YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.

July 1, 2008