

APPLICATION TO EXTEND TIME FOR RECONSIDERATION



About this form

- This is the approved form for a compensating authority to apply for an extension of time in which to complete reconsideration under the *Return to Work Act 2014*.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

CASE DETAILS

SAET Case number

Name of Compensating Authority

Names of parties to this case (as per SAET correspondence)

EXTENSION OF TIME

State reasons why extension is sought

When will the reconsideration be complete? (Date)

SUPPORTING ATTACHMENTS

Provide a brief description of any attachments supporting this form.

LODGING YOUR COMPLETED FORM

The person lodging this form must send a copy to all other parties to the case.

Name of person lodging the form

Signature (if submitting in hardcopy)

Date

Please lodge this form with the South Australian Employment Tribunal:

Email (preferred) **saet@sa.gov.au**

Post PO Box 3636, Rundle Mall, SA, 5000

In person Level 6, Riverside Centre, North Terrace, Adelaide, 5000