

RESULT OF RECONSIDERATION



About this form

- This is the approved form for a compensating authority to confirm / vary a decision 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 other parties to this case (as per SAET correspondence)

RESULT OF THE RECONSIDERATION

Result of the reconsideration was to:

- Confirm decision
- Vary decision

Describe the confirmed or varied decision

Reason why decision was confirmed or varied

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 application

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