

# 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 application

Date

To lodge your completed form and any supporting attachments:

1. **Save the form and any supporting attachments to your computer** (Note – SAET does not require a signed version so there is no need to print and scan)
2. **Lodge the form and any supporting attachments:**
  - **Online** at [www.saet.sa.gov.au/existingcase](http://www.saet.sa.gov.au/existingcase) (preferred); or
  - **By email** to [saet@sa.gov.au](mailto:saet@sa.gov.au)