

**Employment and Assistance  
Appeal Tribunal** British Columbia

**Request to Change the Type of Hearing**

This form allows you to ask for a change in the type of hearing. You should fill out this form and send it to the Tribunal as soon as possible.

<b>To be completed by Appellant</b>				
Name	Telephone	Appeal Number	Date (Month/Day/Year)	
Reason(s) for the request:				
Current hearing type is:	In Person	Telephone	Written	Video
Request for hearing type:	In Person	Telephone	Written	Video
<b>To be completed by Tribunal Staff</b>				
Did the Tribunal Chair determine the type of hearing?	Yes	No		
Is there sufficient time to accommodate the request?	Yes	No		
Has the panel been assigned?	Yes	No		
Hearing room Information:				
Is there a speaker phone?	Yes	No		
Can a Polycom system be used?	Yes	No		
<b>To be completed by the Tribunal Chair</b>				
Request approved:	Yes	No		
Reason(s) not approved:				
Tribunal Chair's Signature	Date (Month/Day/Year)			

**Send the completed form to:**

Employment and Assistance Appeal Tribunal  
Toll Free Fax: 1-877-356-9687  
Fax in Victoria: 250-356-9687  
[Email: info@eaat.ca](mailto:info@eaat.ca)

**Questions? Call Toll Free: 1-866-557-0035, or in Victoria: 250-356-6374**

*Living and working with gratitude and respect on the traditional territories of Indigenous peoples in British Columbia*

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act*, the *Employment and Assistance for Persons with Disabilities Act* and the *Child Care Subsidy Act*. The disclosure of this information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of this information, please contact the Employment and Assistance Appeal Tribunal.