

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS
WORKERS' COMPENSATION DIVISION
PO BOX 64620
ST. PAUL, MN. 55164

WID:
DOI:

vs. Employee EMPLOYEE'S CONSENT TO
and Employer REQUEST FOR CONTINUANCE
Insurer

To: Office of Administrative Hearings, Workers; Compensation Division, P.O. Box 64620,
St. Paul, MN. 55164, and the attorney for the Employer/Insurer above Named:

PLEASE TAKE NOTICE that the Employee herein hereby consents to and requests
that the Hearing or Conference currently scheduled for _____ at
_____. be postponed and re-set for the reasons set forth in the letter from my attorney
accompanying this Consent to Request for Continuance.

Dated this _____ day of _____, 20_____.

(Employee)