

## PLEASE NOTE

Use this form to apply for administrative reconsideration of your file if you disagree with a decision that has been rendered concerning one of the following situations:

- ▶ You are not eligible for the Voluntary Declaration Program.
- ▶ You were declared eligible for the Voluntary Declaration Program but following the receipt of new information by the Ministère, the relief measures granted in the initial decision have been withdrawn.

To apply for administrative reconsideration, you must file your application in writing **within 30 days from the date of receipt of the decision** that you wish to contest.

### PROCEDURE

You must complete and sign the attached *Application for Administrative Reconsideration* form. Send it by mail to the following address:

**Programme de déclaration volontaire  
Ministère du Travail, de l'Emploi et de la Solidarité sociale  
425, rue Jacques-Parizeau, RC-175  
Québec (Québec) G1R 4Z1**

You can also fax your application, to **418-646-7440**.

If you prefer, you can submit any documents related to the Voluntary Declaration Program at the nearest local employment centre (CLE) or Services Québec location.

To obtain the address of the nearest location, call the Centre de communication avec la clientèle at **1-877-767-8773**. You can also use the local employment centre locator on the Ministère's website, at **www.mtess.gouv.qc.ca**. When you access the website, click on **Local employment centre locator** in the menu on the right.

### DECISION

The Ministère will send you a copy of its administrative reconsideration decision **within 30 days of the date of receipt of your application**. An administrative reconsideration decision is final and without appeal.

### CLAIMS FOR REPAYMENT, REDUCTIONS IN BENEFIT AMOUNTS AND CANCELLATION OF BENEFITS

If you wish to contest a decision rendered with respect to a claim for repayment of benefits you received or with respect to a reduction or cancellation of your benefits, you may file an application for review. You can also subsequently appeal to the Tribunal administratif du Québec.

Please use the *Application for Review* form (0023A). It is available at local employment centres (CLE), Services Québec offices and the Ministère's website, at **www.mtess.gouv.qc.ca**. The application for review must be submitted within 90 days from the date on which you received the notice of decision that you wish to contest.

## PROTECTION OF PERSONAL INFORMATION

The personal information collected on this form is required by the Ministère du Travail, de l'Emploi et de la Solidarité sociale in order to carry out its responsibilities. Access to the information is restricted to persons who are authorized to consult it as part of their employment duties. Neglecting to provide information may result in the refusal of your application. You are entitled to be informed about the information concerning you held by the Ministère, to receive such information and to request corrections, by submitting a written request to the person in charge of access to documents and the protection of personal information at the Ministère.

## 1 Identification of the applicant

Last name		First name	
Number	Street or P.O. box		Apartment
Address	City	Postal code	
Telephone (home)	Area code	Number	File number (CP12)
Other telephone	Please specify	Area code	Number
			Extension

## 2 Decision being contested

Indicate the **date of issue** on the notice of decision for which you are applying for administrative reconsideration:

\_\_\_\_ Year Month Day

To facilitate processing your application please enclose a **copy of the notice**, if possible.

## 3 Subject of the application for administrative reconsideration

Check the element that you are contesting:

- Ineligibility for the Voluntary Declaration Program
- The fact that relief measures granted to you under the Voluntary Declaration have been withdrawn

## 4 Reason for the application

Explain why you are applying for administrative reconsideration.

If more space is needed, use a separate sheet.

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## 5 Administrative reconsideration procedure

Do you want us to contact you or your representative (if any) so that you or your representative can make comments?

- Yes  No

## 6 Signatures

Date	Last name and First name of the applicant (please print)	Signature of the applicant
Date	Last name and First name of the representative, if any (please print)	Signature of the representative, if any