Employee’s name

Address 1

Address 2

Suburb State Postcode

Date

Dear Mr/Ms Last Name

**Subject: Independent Review Panel Decision - Review Number:** **Number**

I refer to your request for an extension of time to request a review of your medical assessment outcome by the independent review panel.

The panel has examined your submission and its determination is to [allow/disallow] your request for a time extension. [*If the request is allowed the employee has an additional 14 days to submit their request:* You now have until [insert date 35 calendar days from the date of the final medical assessment report] to submit your request to your Agency and [Name of Service Provider].

The panel is a group of independent experts contracted by the NSW Public Service Commission to review medical assessment outcomes commissioned by public sector agencies. The panel’s determinations are conclusive and final.

[Insert name of Service Provider] is contracted to provide administrative support to the panel and does not provide comment on the panel’s determinations.

I have sent a copy of this letter to your Agency for its attention.

Yours sincerely

Dr Ian R Gardner MBBS MPH FAFOEM

**Independent Review Panel Chair**

Cc: Agency name