



APPLICATION FOR PRE-RETIREMENT TRANSITION LEAVE

Information on this form is used to assess requests for Pre-retirement Transition Leave in accordance with approved policies. It is protected by the provisions of the Privacy Act and should be stored in standard employee bank PSE 901.

PART I - EMPLOYEE DATA		
Surname (Print)	Given name / Initials	Personal Record Identifier
Department	Branch / Division / Section	Address

PART II - APPLICATION		
Duration of leave arrangement (max. 2 years)	FROM:	TO:
Leave Period	____ day / week or ____ hours / week if non-standard	Please indicate days to be taken off
<p>I request a leave arrangement in accordance with the Pre-retirement Transition Leave Policy.</p> <p>I agree not to work for the federal Public Service (organizations to which the <i>Public Sector Compensation Act</i> applies) during the above period of leave.</p> <p>I understand that, once accepted by the deputy head or his or her delegated authority and once my leave arrangement is completed, my resignation is irrevocable.</p> <p>I resign effective () () () conditional upon my leave arrangement not being cancelled prior to the dates agreed to above.</p> <p>DATED AT _____ THIS _____ DAY OF _____ 19 _____</p> <p>_____ Employee signature</p>		

PART III - APPROVAL		
<input type="checkbox"/> LEAVE ARRANGEMENT APPROVED From: _____ To: _____		
<input type="checkbox"/> I certify that the employee meets the eligibility criteria		
<input type="checkbox"/> LEAVE ARRANGEMENT NOT APPROVED for the following reasons:		
<hr/> <hr/> <hr/>		
Responsibility Centre Manager (print name)	Responsibility Centre Manager (signature)	Date Day Month Year () () ()

PART IV - ACCEPTANCE OF RESIGNATION		
I accept your conditional resignation upon completion of the leave arrangement as agreed to above.	Signature of Deputy Head or Delegated Authority	Date Day Month Year () () ()