

TYPE	REPORT	FORMAT	PREPARE REPORT	DATE DUE IN OTTAWA	TO: HQ DIVISION	REFERENCES	REMARKS
C	(b) Reports of the Occupational Health and Safety Committee Official Languages	Form LAB 105B (10-94)B	FEB 3	MAR 3	SBEH	NJC Agreement Vol 1 chap. 3-20 sect. 21	Annually for previous calendar year.
B	(a) Appointment of Officer responsible for the program and Response to Official Languages Questionnaire	Letter or e-mail	SEP 13	DCT 2	SPSP		Annual. Copy to the geographic branch.
B	(b) Report on training provided	Letter or e-mail	APR 18	MAY 1	Geographic Branch		Annual. Copy to SPSP and to CFSI.
B	Overtime	EXT 995 JetForm	1st working day of following month		SBP		Monthly.
A	Relocation						
A	(a) Acknowledgement of Personal Effects	E-mail			SBM	FSD 15	Following arrival of personal effects.
A	(b) Inventory of Personal Effects	EXT 378			SBM	FSD 15	Ad hoc. One month prior to departure.
A	(c) Shipping Details for Outgoing Shipment of Personal Effects	E-mail			SBM	FSD 15	Following removal of personal effects.
A	Resignation, Retirement or Leave Without Pay	E-mail			Pers Div/ SBP/SBM		Ad hoc. To stream management division, SBP and SBM. Include effective date of res. or ret. and last day on duty.
A	Worker's Compensation	Form 7			SBP	LES 1&2, 4.2.12	Ad hoc.
PHYSICAL RESOURCES							
Accommodation							
A	(a) Crown Accommodation Statement	EXT 783				FSD 25	On initial or subsequent occupancy or on change of SQ. Retain at mission.

Types of reports: **A** = As required reports
C = Reports that small missions are **NOT** expected to complete

B = Reports that **ALL** missions must provide on a regular basis
D = Reports to be completed by the Hub