



Claim Form for Additional Financial Expenses Incurred Because of Phoenix Pay System Errors

Privacy Notice Statement

Provision of the personal information requested in this form is collected under the authority of the Financial Administration Act and will be used for assessing your claim in accordance with the Directive on Claims and Ex Gratia Payments. Refusal to provide the requested information may delay or prevent the processing of your claim. The personal information you provide may be shared with the Treasury Board of Canada Secretariat's Claims Office, Public Services and Procurement Canada, the Canada Revenue Agency, and Employment and Social Development Canada. Your personal information will be protected, used and disclosed in accordance with the Privacy Act and as described in Personal Information Bank PSU 931 (Accounts Payable). Your information may also be used or disclosed for financial reporting and program evaluation. The information will be retained for seven years following the last administrative action and then destroyed. Under the Act, individuals have rights to request access to and correction of their personal information. If you wish to avail yourself of these rights or require clarification about this Privacy Notice Statement, please contact your organization's Privacy Coordinator, whose contact information can be found at <https://www.tbs-sct.gc.ca/hgw-cgf/oversight-surveillance/atip-aiprp/coord-eng.asp>. If you are not satisfied with the response to your privacy concern, you may wish to communicate with the Office of the Privacy Commissioner by telephone at 1-800-282-1376 or by email at info@priv.gc.ca.

Claim No.

This form is for processing claims by current and former employees who have incurred expenses because of inaccurate or incomplete pay caused by the Phoenix pay system. Affected employees are asked to keep track of their expenses and provide evidence that supports their claims. To avoid unnecessary delays and increased paperwork, claimants are encouraged to bundle their eligible expenses as much as possible for efficiency of processing and reimbursement. However, should new information come to light, or if further pay problems occur, claimants may file an additional claim. Note: An asterisk (*) denotes a mandatory field.

Section 1: Claimant Information

*PRI	*Surname	*Given name
*Department or institution	Branch, division or section	*Email address
Address <small>(street number and name, unit number)</small>	City, province, postal code	*Telephone number

Section 2: Statement of Facts

*Describe the pay problem you experienced and attach supporting documents (see the instructions starting on page 3 of this form): 	
*Describe the out-of-pocket expenses you incurred because of your pay problem. Also attach supporting documents (see the instructions starting on page 3 of this form): 	*Period covered (yyyy-mm-dd) *From: *To:

*List each out-of-pocket expense you incurred because of your pay problem (see the instructions starting on page 3 of this form). Attach an extra sheet if required:

	Date the expense was incurred (yyyy-mm-dd)	Amount of the expense claimed	Type of expense (NSF or penalty charge, interest, other)	Type of document attached that supports your claimed expense (bank statement, loan agreement, line of credit statement, household utility invoice, credit card statement, invoice from financial service provider, other)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total claimed				

Note: Please convert foreign currency amounts to Canadian dollars.

NSF: Non-sufficient funds

***Section 3: Certification and Consent**

Have you or another person who is also a public servant filed a grievance regarding the expenses listed in this claim?

Yes / No:	If yes, please provide the grievance reference number:
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Certification of claim

- I certify that the expenses claimed in this form have not been claimed previously by me or another person who is also a public servant, and that the details are as stated.
- I certify that the statements provided in this form are true and complete.

Please note that any suspected fraudulent claims may be referred to the appropriate authorities within your department or institution, including its Departmental Security Officer and/or its Chief Financial Officer, for further examination in accordance with pertinent legislation.

_____	_____	_____
Date	Claimant's signature	Telephone number

Consent to use this information

By signing this form, I consent to the disclosure of my personal information to the Treasury Board of Canada Secretariat's Claims Office. For the purposes of processing this claim, your information may be shared with the Canada Revenue Agency, Employment and Social Development Canada, and Public Services and Procurement Canada.

_____	_____	_____
Date	Claimant's signature	Telephone number

Section 4: Certification by Departmental Claims Authority

My signature below certifies the following: <ul style="list-style-type: none"> • The claimant has accurately completed the form; • The claimant has provided the required supporting documentation to support the identified pay problem and the out-of-pocket expenses incurred; and • I have certification authority, according to section 34 of the Financial Administration Act, to issue payment on behalf of my organization's deputy head. 		Amount to be paid
Name	Title	
Signature	Date	

How to Complete This Claim Form

Please note that an asterisk (*) denotes a mandatory field in the claim form.

Section 1: Claimant information

Enter the required information in each field. Leave the "Claim No." box blank, as it is for administrative use only.

Section 2: Statement of Facts

Section 2 has three parts.

First, describe the pay problem you experienced and attach supporting documents.

In the first part of this section, you are asked to describe the pay problem you experienced. Please provide a brief but clear outline of what happened and include the dates involved.

Attach documents such as pay stubs, bank statements or screen captures of Phoenix payments that show evidence of your pay problem.

Two examples of statements of facts about pay problems

1. On March 9, March 23 and April 6, 2016, I did not receive my biweekly pay deposits in my bank account. Each pay deposit should have been for \$X,XXX, for a total of \$X,XXX. I received an emergency salary advance of \$X,XXX on April 20. My regular pay was reinstated on May 4.
2. I started working for National Defence on May 16, 2016, but my first pay deposit was not made until July 27, 2016. From May 16 to July 27, my net biweekly pay should have been \$X,XXX, for a total of \$X,XXX.

Second, describe the out-of-pocket expenses you incurred because of your pay problem. Also attach supporting documents.

In the second part of Section 2, you are asked to provide a statement of facts that explains the amount of out-of-pocket expenses you are claiming.

For each expense, list your supporting document and attach a copy. Here are some examples of the types of documents you might be using:

- A household utility bill showing the penalty for late payment and resulting interest charges
- A bank statement showing additional interest charges
- A bank statement showing NSF charges

Note: In your supporting documents, please cross out any information that concerns transactions that are not related to your claim.

Two examples of statements of facts about out-of-pocket expenses

1. At the end of March and at the end of April 2016, I did not have enough money in my bank account to cover my monthly pre-authorized payment for my car loan. This resulted in:
 - A penalty fee of \$XX for each missed payment
 - An NSF bank charge of \$XX for each missed payment

Supporting evidence provided

- A copy of my bank statement showing the penalty fees incurred because of the missed car payments
 - A copy of my bank statement showing the NSF bank charges incurred because of the missed car payments
2. During this time without pay, I had to get a cash advance on my credit card in order to pay for groceries during May and June. This resulted in:
 - Interest charges of \$XX on my credit card

Supporting evidence provided

- A copy of my credit card statements showing the cash advances on my credit card and interest charges for May and June 2016

Third, use the table in Section 2 to list each out-of-pocket expense you incurred because of your pay problem.

In the table in Section 2, provide the following details for each out-of-pocket expense you incurred:

- Date
- Amount
- Type of expense
- Type of document you are providing that supports your claim for the expense

Example of an entry in the table in Section 2

	Date the expense was incurred (yyyy-mm-dd)	Amount of the expense claimed	Type of expense (NSF or penalty charge, interest, other)	Type of document attached that supports your claimed expense (bank statement, loan agreement, line of credit statement, household utility invoice, credit card statement, invoice from financial service provider, other)
1	2016-08-23	\$45.00	NSF charge	Bank statement

Also be sure to provide the total amount you are claiming in the field provided.

Section 3: Certification and Consent

In Section 3, please indicate whether you or another public servant has filed a grievance regarding the expenses listed in this claim. If so, please provide the grievance reference number.

Certify your claim by signing it. By signing, you certify that neither you nor another person who is also a public servant has made a previous claim for the items listed in this claim form, and that the statements made in this claim are true and complete.

Please also provide consent for your Departmental Claims Authority to disclose your personal information to the Treasury Board of Canada Secretariat's Claims Office. For the purposes of processing this claim, your information may be shared with the Canada Revenue Agency, Employment and Social Development Canada, and Public Services and Procurement Canada.

How you can help us process your claim quickly

To avoid delays in processing your claim, please remember to:

- Complete all required fields in your claim form
- Include all required supporting documentation
- Date and sign your claim
- Submit your claim package to your [claims officer](#). Your organization will communicate to you how to send your completed claim

If you need further guidance on how to complete and submit your claim, please contact your [departmental claims officer](#) or refer to the [frequently asked questions](#) on the Treasury Board of Canada Secretariat website.