



Claim Form for Reimbursement of Costs for Tax Advisory Services

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 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 and with Public Services and Procurement 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](#). 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.

This form is for processing claims by current and former employees who have experienced pay issues with the Phoenix pay system, and who are seeking reimbursement of costs for tax advisory services. **You must submit a separate form for each year you wish to claim.**

Please note that this form can be used only for claims for reimbursement of costs for tax advisory services. All other claims for out-of-pocket expenses related to Phoenix must be made using form **TBS/SCT 330-0321**.

Section 1: Claimant Information

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

Section 2: Taxation Year and Amount Claimed (select only one taxation year)

Tax advisory services for the taxation year (please enter applicable taxation year)		Amount claimed (maximum \$200, taxes included)	\$
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Important: Along with this form, you must submit a valid receipt for the amount claimed that has been issued by an accredited professional accountant or from an individual or firm that specializes in providing tax advisory or preparation services. You may be asked to provide additional information regarding the details of any receipts submitted.

Note: Pay reconciliation services are not eligible for reimbursement.

Section 2.1: Briefly describe your pay issue and how it relates to the taxation year selected in Section 2 (above)

Section 3: Attestation, Consent and Certifications

3.1 Attestation of experiencing Phoenix pay issues

I attest that I experienced pay issues related to the Phoenix pay system during the aforementioned calendar year [the same taxation year that was mentioned in Section 2 above] and that I required tax advisory services to help me understand the impact of these issues on my personal income tax situation and/or to help me reconcile or prepare my income tax filing. I acknowledge that a separate validation and verification of these Phoenix pay issues may be conducted by my home department or institution, the Treasury Board of Canada Secretariat Claims Office, or by Public Services and Procurement Canada. I may be asked to provide additional supporting documentation.

Employee’s Initials

3.2 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, my information may also be shared with Public Services and Procurement Canada.

Employee’s Initials

Section 3: Attestation, Consent and Certifications (cont'd)

3.3 Certification regarding grievances

Have you or another person who is also a federal public servant filed a grievance regarding the expenses submitted in this claim for reimbursement of costs for tax advisory services?

☐ Yes ☐ No If yes, please provide the grievance reference number: _____

Employee's Initials

3.4 Certification regarding release

The claimant agrees to settle this claim for reimbursement of the cost of tax advisory services for the aforementioned taxation year [the same taxation year that was mentioned in Section 2 above] in the amount of \$ _____. The claimant accepts the following terms and conditions in full satisfaction of this claim:

Employee's Initials

- The claimant agrees not to pursue or continue any grievances, complaints, actions and claims against the employer in relation to this claim for reimbursement of the cost of tax advisory services for the taxation year indicated.
- This release is made without prejudice to the position that the employer may adopt in similar or identical cases and does not constitute a precedent.
- This release is not considered to be recognition of any admission of wrongdoing, responsibility or liability on the part of the employer or its representatives.

It is understood and agreed that this release shall be effective only when payment has been made on behalf of employer to the claimant in the amount of \$ _____.

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 federal public servant.
- I certify that the statements provided in this form are true and complete.
- By initialing sections 3.1 to 3.4, I confirm that I have read them and agree to them.

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.

If you are not satisfied with the decision concerning your claim, you have the right to grieve the decision in accordance with either your collective agreement or the Public Service Labour Relations Act and its Regulations.

Date	Claimant's signature	Telephone number
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Section 4: Certification by Departmental Claims Office

My signature below certifies the following:

Amount to be paid

- The claimant has accurately completed this form;
- The claimant has provided the required documentation to support the reimbursement of costs for tax advisory services; 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.

Name	Title
<div></div>	<div></div>
Signature	Date
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