



Annex B: Compensation or re-crediting for leave taken

(Paragraphs 21 d or 21 e) of the [Agreement](#)¹)

Definition:

For current employees: claims for re-credit of paid leave or compensation for unpaid leave taken due to an illness stemming from issues with the employee's pay attributed to the Phoenix pay system.

For former employees: claims for compensation for paid (except sick leave) or unpaid leave taken due to an illness stemming from issues with the employee's pay issues attributed to the Phoenix pay system.

The threshold of \$1,500 **does not apply** to these claims.

Supporting documentation

Please only include information and documents that are relevant to your claim. The following must be submitted with this claim form, as applicable:

- **documented evidence that demonstrates** that you were on leave specifically due to Phoenix pay issues and the dates of the leave (i.e. medical certificate)
- **documented evidence that supports** the dates and category of the leave taken (i.e. pay file, pay action requests, emails)

Note:

- i. If submitting a medical certificate that does not indicate the reason (Phoenix pay issues) and dates of leave or if no medical certificate can be provided, please provide the following:
 - a. Documented evidence (i.e. pay file, pay action requests, emails) that supports the timelines of the leave taken and the reason (Phoenix pay issues);
- If documents are not available:
 - b. Attestation from the manager to confirm the reason (Phoenix pay issues), type of leave, and dates of the leave taken.
- ii. If there is no medical certificate and documented evidence (pay file, pay action requests, emails) does not support the reason and timelines of the leave taken, please provide:
 - a. Attestation from the manager to confirm the reason (Phoenix pay issues), type of leave, and dates of the leave taken.
- iii. If the manager's attestation is not possible to obtain:
 - a. You can provide a personal attestation. Please note that this attestation will be subject to further verification.
- iv. If no attestation can be provided, please explain extenuating circumstances. Please note this will be subject to further verification.

¹ Agreement of the Damages Caused by the Phoenix Pay System, <https://www.canada.ca/en/treasury-board-secretariat/topics/pay/phoenix-pay-system/damages-caused-phoenix-pay-system.html>

Privacy notice statement

The personal information requested in this form is collected under the authority of the *Financial Administration Act*. The information submitted via this form will be combined with pay information in a database of pay information held within the Treasury Board of Canada Secretariat (TBS) in order to:

- determine eligibility
- assess your payment amount in accordance with the Damages Agreement

Refusal to provide the requested personal information will result in TBS not being able to process the claim. The information you provide will be validated against a database of pay information held within TBS in order to:

- confirm eligibility
- calculate recommended payments based on claim information

If your claim is accepted and a payment is issued to you, your Social Insurance Number (SIN) will be obtained from the Public Services and Procurement Canada (PSPC) database of pay information in order to issue you a T4 and/or RL-1 tax slip and will be shared with Canada Revenue Agency and/or Revenu Québec for income tax purposes. The Personal information you provide is being collected by the TBS Claims Office and may be shared with PSPC and the last federal organization of employment for that organization to issue payment. Personal information will be protected, used and disclosed in accordance with the *Privacy Act* and as described in Personal Information Bank TBS PCE 742 (Claims and Compensation for damages related to the Phoenix Pay System) and in Personal Information Bank PSU 931 (Accounts Payable). Your information may also be used or disclosed for financial reporting and program evaluation. Under the *Privacy Act*, individuals have a right to access and correct their personal information. If you wish to avail yourself of these rights or require clarification about this privacy notice statement, please contact the TBS Access to Information and Privacy Coordinator by email at atip.aiprp@tbs-sct.gc.ca. 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.

I certify that I have read this privacy notice statement

I consent to the disclosure of my personal information to the entities listed above for the purposes of processing my claim

To be completed by the claimant

If you have an existing claim for Severe Impacts and Other Demonstrable Cases Caused by the Phoenix Pay System, ensure your claim number is added to each annex and each supporting document that you include in this submission.

Claim number:

1. Please complete the table below for all leave taken due to illness caused by your Phoenix pay issues. Please provide the exact dates each leave was taken, and ensure supporting documentation is provided.

Leave type	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Organization	Total hours requested / compensation requested

2. Do you have a medical certificate that specifies that you were on leave specifically due to Phoenix pay issues and the dates of the leave?

Yes

No

If yes, please submit this certificate with your claim form.

If no, please describe how your illness and leave taken resulted from your Phoenix pay issue(s).

3. Did you incur expenses directly associated with your leave (i.e. fees for medical certification)?

Yes No

If yes, please complete the following table. Please ensure supporting documentation is provided.

Date (yyyy-mm-dd)	Amount paid	Description of expense

Reminder: Claimants may submit a claim for compensation under more than one category of damages.
Please complete all annexes of this form that apply to your situation.