



Annex E: Lost occupational capacity

(Paragraph 21 i) of the [Agreement¹](#))

Definition

Claims with respect to consequences for employees who temporarily or permanently vacated their substantive position or who temporarily or permanently vacated their substantive position and were placed in an alternate position, as a result of issues directly attributable, in whole or in part, to the Phoenix pay system.

The term “in whole or in part” means that Phoenix was the sole direct cause or it was one of the direct and significant causes.

The threshold of \$1,500 **applies** 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 pay issues resulted in the change in position. This can include emails, medical certificates, records of discussions from human resources or a manager and with any other stakeholder from the date(s) of the pay issues attributed to the Phoenix pay system to the date of vacating the substantive position and date of placement in alternate position.

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

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>

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. What was the group and level of the substantive position you vacated?**

- 2. Were you moved to an alternate position?**

Yes No

If yes, what was the group and level of the alternate position you were moved to and on what date were you moved to the alternate position?

Group and level:

Effective date (yyyy-mm-dd):

- 3. Did you return to your substantive position?**

Yes No

If yes, please provide the date (yyyy-mm-dd):

- 4. Please complete the following table to provide a chronology of events with dates in relation to your pay issues, including how the pay issue resulted in you vacating your substantive position. Please ensure supporting documentation is provided.**

From (yyyy-mm- dd)	To (yyyy- mm-dd)	Pay issue	How pay issue resulted in vacating substantive position	Pay implications of vacating substantive position

5. Did you incur expenses directly associated with the loss of occupational capacity (i.e. fees for professional services, financial penalty charges)?

Yes No

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

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

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.