



Annex I: Resignation from the public service

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

Definition

Claims for lost income and out of pocket expenses incurred by employees who resigned from the public service after having been appointed to a term or indeterminate position.

The resignation must be **as a consequence of a loss of income leading to financial hardship*** caused by the Phoenix pay issues.

*Note: Financial hardship refers to financial suffering or lack of what is needed for basic living requirements, such as food, clothing, shelter, medical expenses, and other essentials.

To be eligible to submit a claim, employees must have been:

- actively looking for employment and available to work after their resignation **or**
- re-employed in a position with a lower salary rate in an organization not subject to the Phoenix pay system (private or public sector).

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:

- Documentation that demonstrates that the resignation was directly attributable to loss of income leading to financial hardship. This can include emails, records of discussions from human resources or managers and any other stakeholder from the date(s) of your pay issues to the date of your resignation.

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>

- Documentation must include:
 - an explanation of pay issues
 - proof of hire with date in public service
 - proof of resignation with date
 - proof of request for Employment Insurance and payment received from Employment Insurance (if applicable)
 - proof of hire in an organization not subject to the Phoenix pay system
 - proof of salary rate on date of hire and duration of employment
 - proof of financial hardship: documents demonstrating financial hardship could include, but are not limited to, the following:
 - mortgage statement
 - lease or rental agreement
 - property tax assessment and/or condo fees
 - loan statements
 - utility statements
 - bank statements (most recent three months)
 - investment statements
 - credit card statements
 - insurance (e.g., auto, home, life) statements

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 provide the following information with respect to your position in the public service:

Date of hire (yyyy-mm-dd):

Group and level:

Salary rate:

2. Please provide the date of your resignation from the public service (yyyy-mm-dd):

3. Please complete the following table to provide a chronology of events with dates in relation to your pay issues, describing the financial hardships you experienced and the actions you took with respect to your pay issues prior to making the decision to resign. Please ensure supporting documentation is provided.

Date (yyyy-mm-dd)	Pay issue	Financial impact or hardship caused by pay issue	Action taken by claimant

4. Did you receive an emergency salary advance or priority payment?

Yes No

5. Did you incur expenses directly associated with your loss of employment (i.e. fees for professional services, financial penalty costs, etc.)?

Yes No

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

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

6. Did you receive Employment Insurance?

Yes No

If yes, please complete the following table:

Date (yyyy-mm-dd)	Amount of Employment Insurance collected

7. Did you start another employment in an organization not subject to the Phoenix pay system (private or public sector)?

Yes No

If yes, please provide the following information:

Start date:

Annual salary rate or hourly rate:

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.