



## Claim for general compensation for former employees: Payment equivalent to additional leave

### How to use this form:

1. This is a fillable PDF form. Please type the information requested in each field.
2. Save a copy of the completed form on your computer.
3. Print the completed form.
4. Initial by hand where required, and sign on [page 5](#).
5. Send the form and any supporting documents to the address below:

### You can print this form and fill it by hand:

1. Please complete the information requested in each field.
2. Initial by hand where required, and sign on [page 5](#).
3. Make a photocopy of the signed form for your records.
4. Send the original form and any supporting documents to:

**Treasury Board of Canada Secretariat  
Attention: TBS Claims Office  
90 Elgin St  
Ottawa ON K1A 0R5**

### Who can use this form

This form is for processing claims by **former employees** and the **estates of deceased employees** for payment that is equivalent to leave awarded for damages caused by the Phoenix pay system. Such claims are provided for in clauses 6 and 16 of the [Memorandum of Agreement on Damages Caused by the Phoenix Pay System](#) (Damages Agreement).

Claims may be made by:

- individuals making a claim on their own behalf
- individuals making a claim on behalf of the estate of a deceased former employee
- individuals making a claim on behalf of a former employee who is not capable of making the claim themselves

### Conditions for making a claim

For a claim to be accepted, the following conditions must be met. You or the person you are representing:

1. were a former federal public servant as of June 12, 2019
2. worked as a federal public servant at least one day in the year(s) being claimed in a position that is covered by the Damages Agreement
3. have not previously claimed for a payment that is equivalent to leave for damages and provided for in clauses 6 and 16 of the Damages Agreement for the fiscal year(s) to which this claim pertains
4. have not received vacation leave credits for damages provided for in clauses 6 and 16 of the Damages Agreement for the fiscal year(s) to which this claim pertains

#### Important notes

- Compensation from this claim is taxable. One or more tax slips will be issued that report payment of this claim.
- Inaccurate information provided in this form may delay the processing of your claim.

### Section 1: required information about the claimant

<b>* Surname (required)</b>	<b>* Given name (required)</b>	<b>Personal Record Identifier (PRI) (9 digits)</b>	<b>* Date of birth (required) (YYYY/MM/DD)</b>
<b>* Mailing address (street number, street name, unit number) (required)</b>		<b>* City, province/territory, postal code (required)</b>	<b>* Telephone number (including area code) (required)</b>
<b>* Last occupational group and level (classification) (required)</b>	<b>* Last federal organization where the claimant worked (required)</b>	<b>* Current email address (required)</b>	



or

The former employee who is entitled to make this claim is deceased. I have the legal authority to file this claim on behalf of the estate of the deceased employee.

Attached to this claim form are **both** of the following:

- a copy of the former employee's death certificate
- a complete copy of the former employee's will or other legal document, such as a grant of probate, certificate of appointment or letters of administration, that shows that I am the legal representative of the estate

Initials:

or

The former employee who is entitled to make this claim is not capable of making the claim themselves. I have the legal authority to file this claim on their behalf.

Attached to this claim form is the power of attorney that shows that I am the legal representative of this person.

Initials:

**Section 3.2 certification regarding grievances (required)**

Please answer the following question and provide your initials:

Have you, or the former or deceased employee you represent, filed a grievance for damages due to the Phoenix pay system or regarding claims for expenses and financial losses due to Phoenix?

Yes  No / Not sure

If yes, please provide the grievance reference number: \_\_\_\_\_  
(If you do not remember this number, please enter "unknown")

Initials:

**Section 3.3 certification of claim (required)**

I certify that:

- neither I nor another person on my behalf has previously claimed a payment equivalent to leave provided for in clauses 6 and 16 of the Damages Agreement and claimed in this form
- I have not received vacation leave credits for damages provided for in clauses 6 and 16 of the Damages Agreement for the fiscal year(s) to which this claim pertains
- the information provided in this form is true and complete, and that by initialling sections 3.1 and 3.2, I confirm that I have read them and agree to them
- I understand that I am entitled to make a claim only once for a fiscal year and that the claim for a fiscal year can be paid only once
- I understand that the payment for the claim will be based on the last rate of pay as shown in the Phoenix pay system at the time the claim is processed

Initials:

Suspected fraudulent claims may be referred to the appropriate authorities at the former employee's organization, including its Departmental Security Officer and/or its Chief Financial Officer, for examination in accordance with pertinent legislation.

Decisions regarding claims will constitute final level grievance decisions. If you are not satisfied with the decision regarding your claim, you may be able to refer your grievance to adjudication or file an application for judicial review in the Federal Court depending on your circumstances.

**Signature (required)**

Date	Signature of claimant or the person making a claim on behalf of a former or deceased employee

Please send your completed claim form with the required supporting documentation to:

**Treasury Board of Canada Secretariat  
Attention: Treasury Board of Canada, Secretariat Claims Office  
90 Elgin St  
Ottawa ON K1A 0R5**

## 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 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 payment based on your last rate of pay

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 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.

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 in order 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. 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](mailto: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](mailto:info@priv.gc.ca).