



APPLICATION FOR PRE-RETIREMENT TRANSITION LEAVE

Information on this form is used to assess requests for Pre-retirement Transition Leave in accordance with approved policies. It is protected by the provisions of the *Privacy Act* and should be stored in standard employee bank PSE 901.

PART I EMPLOYEE DATA		
Surname (Print)		Given name / Initials
		Personal Record Identifier
Department	Branch / Division / Section	Address

PART II APPLICATION								
Duration of leave arrangement (max. 2 years)	FROM:	TO:						
Leave Period	_____ day / week or _____ hours / week if non-standard	Please indicate days to be taken off						
<p>I request a leave arrangement in accordance with the Pre-retirement Transition Leave Policy.</p> <p>I agree not to work for the federal Public Service during the above period of leave.</p> <p>I understand that, once accepted by the deputy head or his or her delegated authority and once my leave arrangement is completed, my resignation is irrevocable.</p> <p>I resign effective <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> conditional upon my leave arrangement not being cancelled prior to the dates agreed to above.</p> <p>DATED AT _____ THIS _____ DAY OF _____ YEAR _____.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Employee signature</p>			Day	Month	Year			
Day	Month	Year						

PART III APPROVAL		
<input type="checkbox"/> LEAVE ARRANGEMENT APPROVED From: _____ To: _____		
<input type="checkbox"/> I certify that the employee meets the eligibility criteria		
<input type="checkbox"/> LEAVE ARRANGEMENT NOT APPROVED for the following reasons:		
_____ _____ _____		
Responsibility Centre Manager (print name)	Responsibility Centre Manager (signature)	Date
		Day Month Year

PART IV ACCEPTANCE OF RESIGNATION		
I accept your conditional resignation upon completion of the leave arrangement as agreed to above.	Signature of Deputy Head or Delegated Authority	Date
		Day Month Year

