

APPLICATION FOR CAREER ADJUSTMENT ASSISTANCE

THIS SECTION TO BE COMPLETED BY THE EMPLOYEE

Name: _____ SIN: _____
Address: _____ Phone #: _____
City: _____ Prov: _____ Postal Code: _____ Email: _____
Union Affiliation: _____ Union Contact Name: _____ Union Contact Email: _____
This is my initial request for Career Assistance: Yes No

If NO, please provide details regarding your previous request:

Career Assistance Options

I wish to (select one): remain on recall resign take early retirement

and access Career Assistance Options as outlined below:

Alternate employment up to \$ _____ to offset expenses associated with establishing a business or seeking alternate employment.

Career counselling job placement up to \$ _____ with _____ company.

Tuition reimbursement up to \$ _____ for _____ course at _____ institution.

Relocation assistance up to \$ _____ to relocate to _____, Saskatchewan with _____ moving/rental company (please provide estimates / receipts).

Enhanced severance payment up to \$ _____ (This option can only be accessed if the employee **resigns** or takes **early retirement**. Please provide a copy of your letter of resignation or early retirement letter).

I acknowledge that upon receipt of my maximum eligible benefit, I have no rights to additional training/retraining assistance and/or career assistance options under the Career Adjustment Program.

Employee Printed Name: _____

Employee Signature: _____

Date: _____

Training/Retraining - to be completed when an employees' hours of work have been reduced 20% or more.

I wish to apply for training/retraining assistance in the form of _____ (tuition only)

Regularly scheduled hours of work prior to layoff: _____

Regularly scheduled hours of work after layoff: _____

(Letters of layoff and confirmation of hours of work following layoff must accompany this request.)

THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES

Employee Name: _____ Employee #: _____ Employer: _____
Employee's Hire Date: _____ Employee Seniority Hours to Date of Layoff: _____
Status: FT OTFT Classification: _____
Gross Monthly Salary: _____ Date of Layoff (Notice Letter required): _____
(most recent 12 months average for OTFT)

Human Resource Contact Name: _____ Phone #: _____

Signature (or e-Signature) verifying information: _____

SEND COMPLETED FORM TO: Deborah Banks, Program Coordinator By Email: info@saho.ca OR By Mail: Saskatchewan Association of Health Organizations 900 – 1919 Saskatchewan Drive, Regina, SK S4P 4H2