## **Recall/Layoff Notification Form**

Last revised: May 2017 Last reviewed: October 2021 **Next review: October 2022** 

This form should be used to notify the HRSC of an employee's Recall or Layoff

\*Fields marked with an asterisk (\*) are mandatory. Other fields only need to be completed if previous information has changed.

Employee Information					
*Name (Please Print)	e Print) *Employee Number		Assignment Number		*Ministry
*Branch	ranch *Manager/Supervisor Name		*Work Email		Work Phone Number
Home Phone Number	Cell Phone Number		Home Address No. &	Street	Postal Code
City/Town					
Recall (Select One):					
*☐ Short Term Recall *☐ S	Seasonal Recall				
Position information: *Recal	l Date:		First Day Work	ed:	
	(DD/M	M/YYYY)		(DI	D/MM/YYYY)
MIDAS Position Number	Occ Code			Grade (Clas	s Level)
Working Title	Paylist			HR Org	
Pay Stub Work Address (street, town/ci	ity)				
Pay and Costing:					
Costing Information: Entity	/ Program	/ Org	/ Location	/ Pro	oject (if appl)
Tool Allowance – Fleet Services? Yes No Eligible for Special Northern Leave? Yes No					
Eligible for Northern District Allowance	e?□ Yes □ No	Location:	<u>1</u> <u>2</u> <u>3</u> <u>4</u>	Kitche	n Meals: 🗌 Yes 🔲 No
Other Earnings/Deductions (e.g.Staff H	lousing, etc):			(Envi	ronment only)
EDO and Hours of Work (Select one): * Full Time	*□ Less 7	Than Full Time			
Date of 1 <sup>st</sup> EDO:/ Start Time::(					
Stat holidays: Observed Actual Normally works Sat & Sun: Yes No					
Modified Hrs of Work: Yes No Letter of Understanding #: Altered Work Agreement: Yes No					
Vacation Pay Type – Note: Vacation is prorated based on hours worked and length of seasonal hours worked.					
* Paid Days * % paid each cheque					
SGEU Section         6       7       10       11       12       13       16       17       18       20       21       22       23       25         Subsection					
Regulated 37 1/3 5/5/4 (F) Office 7.2 – 72 Hr Biweekly (O) Fires 5/5/4 Modified Biweekly (W)		Highways Office Pilots Paid Dail  5/5/4 Modified	y Rate (P)	☐ Modified 5/☐ Field Hours	4 72 Hr Biweekly (M) (U)
Layoff (All fields are mandatory)		_ , ,	, , ,		
Last Day Worked:// Date of Last EDO:// DD MM YY					
Last Effective Day of Employment:/ Final Pay Stub Address (street, town/city):					
DD MM YY (fill in address if different than above)  Note: Must include EDO, SDR if it falls on last day					
Separation reason:					
Short – term Shortage of Funds Work Shortage Requested early Return to School					
Pay Out at Time of Layoff (if this section is not completed, all hours within guidelines will be carried over)					
Vacation Hours:  Yes No Hrs to be Paid TIL Hours: Yes No Hrs to be Paid  Carryover Maximum-40 hrs without approval; over 40 hrs requires approval  Northern Leave Hours: Yes No Hrs to be Paid  EDO (Field Only) Hrs Yes No Hrs to be Paid					
Outstanding debt to be collected - Please include any outstanding Return in Service Commitment					
Yes No If yes, amount outstanding: Reason:					
Manager / Supervisor / Delegate Signature:					

Routing: Send completed form to: Human Resource Service Centre 2100 Broad Street Regina, SK S4P 1Y5

Fax: 306-798-9966 or 1-877-852-9219

Email: hrsc@gov.sk.ca

Manager / Supervisor / Delegate Print Name: \_



Phone Number: \_