**Information Package for Employee on Sick Leave Without Pay: Acknowledgement of Medical Retirement Qualification and Request for Retirement Notification**

**(Non Occupational Illness or Injury)**

**Manager Instructions**

**NOTE : Please take out this page before sending to the employee**

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| This tool should be used in consultation with a Labour Relations Advisor. Please open a ticket at the [Human Resources Service Centre](http://hrsc-csrh.prv/). |

**Purpose:**

* To provide information on next steps for employees who have been deemed qualified for a medical retirement by Health Canada.

**Why:**

* To proactively and consistently manage sick leave without pay (SLWOP) across ESDC.
* To comply with the Treasury Board Secretariat [Directive on Leave and Special Working Arrangements](https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=15774).
* To ensure the department’s due diligence in supporting and informing employees on requirements to resolve long-term SLWOP.

**When to use:**

* Immediately following Health Canada’s decision deeming employee qualified for a medical retirement.

**How to use:**

1. Discuss the content of the letter with the employee, in person or by phone, and advise the employee that you will be providing all the information in writing afterwards.
2. Send information through registered mail.

**REMINDER: Document each step in your case file, including notes on conversations with the employee, copies of sent emails, copies of signed letters and proof of receipt from the courier.**

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DATE

EMPLOYEE NAME

EMPLOYEE ADRESS

CITY, PROVINCE POSTAL CODE

Dear (employee name):

This letter is further to our conversation of (date) when I explained the next steps in processing your medical retirement.

On (date), Health Canada deemed you qualified for a medical retirement. In order to finalize the retirement process, you must send me your retirement notification. Attached is a template (see Annex A) that you can use for this purpose.

Your retirement date should be within three months of the date you received Health Canada’s decision, that is, no later than (date). Please note that the date selected cannot fall on a weekend or statutory holiday.

Please complete the relevant sections of the attached template, sign and return the completed form to me by mail or email no later than (date; 6 weeks from the date of this letter).

If you have not already done so, I recommend that you contact the Public Service Pension Centre to discuss and select the date of your medical retirement (see Annex B for contact information).

Once I have received your retirement notification, I will acknowledge receipt of the letter, approve your resignation and inform human resources, who will communicate with the Pension Centre to start processing your request.

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It is also my responsibility to inform you that, should your treating physician certify that you are healthy enough to return to work (medical certification mandatory) within five years of being approved for disability benefits, you may be eligible for a priority entitlement for a position within the federal Public Service. This entitlement applies even if you are no longer an employee of the public service due to health-related reasons. For more information, please send an e-mail to [NA-HR-PIMS-SGIP-RH-GD@hrsdc-rhdcc.gc.ca](mailto:NA-HR-PIMS-SGIP-RH-GD@hrsdc-rhdcc.gc.ca).

I await your notice of retirement no later than (date; 6 weeks from the date of this letter).

Should you have any questions, please do not hesitate to contact me.

Yours truly,

Manager name

Telephone: (888) 888-8888, Ext. 321

Fax: (888) 888-8888

E-mail: your.name@canada.ca

Enclosures:

Annex A: Retirement notification template

Annex B: Contact information for Public Service Pension Centre

Self-addressed envelope

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**ANNEX A – RETIREMENT NOTIFICATION**

Date

Manager’s name

I hereby confirm that I would like to give you my resignation from the federal public service with an early retirement. Given that Health Canada has deemed me qualified for an early retirement for medical reasons, my last day of work will be (date), and my first day of my retirement will be (date).

Regards,

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Employee’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of employee (Print)

**ANNEX B – PUBLIC SERVICE PENSION CENTRE INFORMATION**

Any questions pertaining to retirement benefits (for conventional retirement and/or for retirement on medical grounds) are to be directed to the Public Service Pension Centre at Public Works and Government Services Canada.

Only you as an employee can request pension estimates. Your manager cannot make this request for you.

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| **Telephone** | **Facsimile** |
| **Toll free:**  1-800-561-7930  Monday to Friday  8:00 a.m. to 4:00 p.m. (Your Local Time)  **Outside Canada and**  **the United States:**  (506) 533-5800 (collect calls accepted)  Monday to Friday  8:00 a.m. to 5:00 p.m. (Atlantic Time)  **Telephone Teletype (TTY):**  (506) 533-5990 (collect calls accepted)  Monday to Friday  8:00 a.m. to 5:00 p.m. (Atlantic Time) | (418) 566-6298 |
| **On-line** |
| <http://pensionetavantages-pensionandbenefits.gc.ca/accueil-home-eng.html> |
| **In writing** |
| **Public Works and Government Services Canada Public Service Pension Centre**  **Mail Facility PO Box 8000 Matane QC G4W 4T6** |

**NOTE**: Keep your superannuation number handy when communicating with the Pension Service Centre and include it when providing information by facsimile or in writing.