# Appendix D – Request for an Extension of the Exclusion Period

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| **Section A: General Information** | | |
|  | Employee’s Name |  |
|  | PRI |  |
|  | Date of Appointment |  |
|  | Position Number and Classification |  |
|  | Position Title |  |
|  | Division and Branch or Region |  |
|  | Linguistic Profile of Position |  |
|  | Target Language and Second Language Evaluation (SLE) results of employee |  |
|  | Current end of the Exclusion period |  |
|  | Revised Exclusion Period End Date |  |
|  | Proposed Start Date for Language Training |  |

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| **Section B: Employee Consent** | |
| "I (print employee name) hereby consent to the release of personal information as required for the purpose of obtaining an extension to my exemption period of sufficient duration by the terms of section 7 of the *Public Service Official Languages Regulations* in order to complete my language training and meet the language requirements of my position." | |
| Employee’s Signature: | Date: |
| **Section C: Management's Commitment** | |
| We are committed to releasing *(Ms. Mr.)*  For language training on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | |
| Director's Signature: | Date: |
| Director's Name (Print): | Tel: |
| Director's Title (Print): | Fax: |
| **Section D: Reason for the employee not meeting the linguistic profile of the position by the target date.** | |
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| **Section E: Administrative Measures** | |
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| **Section F: Approval of the Request to Extend the Exclusion Period** | |
| **Recommendation**  I recommend the extension of the exclusion period of months for   (name of employee) to occupy the bilingual position following a non-imperative appointment without meeting the language requirements. The new target date  would be: . | |
| I agree with this recommendation.    Assistant Deputy Minister Date | |

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| **Section G: Additional Approval for EX Appointment ONLY** |
| Deputy Minister Date |

**Signed copy to be sent to the** [**Human Resources Services Branch**](mailto:NC-LO-OL-LETTRES_DECRET-EXCLUSION_LETTERS-GD%20%3cNC-LO-OL-LETTRES_DECRET-EXCLUSION_LETTERS-GD@hrdc-drhc.net%3e)