Government of Saskatchewan

Recall/Layoff Notification Form

Last revised: May 2017
Last reviewed: May 2017
Next review: May 2018

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) | *Employee Number | Assignment Number | *Ministry

*Branch | *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 *☐ Seasonal Recall

Position information: ***Recall Date:** _____ (DD/MM/YYYY) **First Day Worked:** _____ (DD/MM/YYYY)

MIDAS Position Number | Occ Code | Grade (Class Level)

Working Title | Paylist | HR Org

Pay Stub Work Address (street, town/city)

Pay and Costing:

Costing Information: Entity _____ / Program _____ / Org _____ / Location _____ / Project (if appl) _____

Tool Allowance – Fleet Services? ☐ Yes ☐ No Eligible for Special Northern Leave? ☐ Yes ☐ No

Eligible for Northern District Allowance? ☐ Yes ☐ No Location: ☐1 ☐2 ☐3 ☐4 Kitchen Meals: ☐ Yes ☐ No

Other Earnings/Deductions (e.g.Staff Housing, etc): _____ (Environment only)

EDO and Hours of Work (Select one):

*☐ Full Time *☐ Less Than Full Time

Date of 1st EDO: _____/_____/_____ (DD MM YY)

Start Time: _____:_____ (☐am / ☐pm) EDO Schedule: ☐A ☐B ☐C

Length of Lunch: _____ (minutes)

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 5/4 (G)
☐ Pilots Paid Daily Rate (P)
☐ 5/5/4 Modified Biweekly (X)
☐ Modified 5/4 72 Hr Biweekly (M)
☐ Field Hours (U)

Layoff (All fields are mandatory)

Last Day Worked: _____/_____/_____ (DD MM YY) Date of Last EDO: _____/_____/_____ (DD MM YY)

Last Effective Day of Employment: _____/_____/_____ (DD MM YY) Final Pay Stub Address (street, town/city): _____ (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
*Carryover Maximum-40 hrs without approval; **over 40 hrs** requires approval*
Northern Leave Hours: ☐ Yes ☐ No _____Hrs to be Paid

TIL Hours: ☐ Yes ☐ No _____ Hrs to be Paid
Carryover Maximum-120 hrs
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: _____ Date: _____

Manager / Supervisor / Delegate Print Name: _____ Phone Number: _____

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