



Public Service Superannuation Plan RECOMMENDATION - ADVISEMENT

1. General

Name: _____ Sex: Male Female ID# _____
 Department: _____ Division: _____ Section: _____
 Job Title: _____
 Class: _____ ACCOUNT NUMBER: Dept | Div. | Code | Post Account
 Salary \$: _____
 Marital Status: Single Married Widowed Other(Specify) _____ Social Insurance Number | Date of Birth dd/mmm/yyyy
 Initial Appointment: dd/mmm/yyyy Effective Date: dd/mmm/yyyy End Date: dd/mmm/yyyy

2. Appointment

Temporary Probationary Term Permanent Reappointment
 Appointment is: Additional Replacement Contract

3. Change of Status

Temporary to Probationary Probationary to Permanent Reclassification Marital Other _____
 Job Title: _____ Class: _____ Salary \$: _____ Date of last increase: _____
 Last increase was: Increment Reclassification Other (Specify) _____
 Reason for Change of Status (if applicable): _____
 Date of Change of Marital Status: _____ Specify Change: _____ Name of Spouse: _____

4. Change of Appointment

5. Extension

Date on which employee was to report to duty is now uncertain Temporary Probationary
 Appointment canceled Recommended period of extension _____
 Date employee reported for duty, if other than previously reported: _____ From: _____ To: _____

6. Termination

Retirement Resignation Other Date of Termination: _____ Reason for Termination: _____
 Number of vacation hours: _____ Due Employee: _____ Due Province: _____ Recommended _____ months pay for Public Service Award
 Superannuation payments to be refunded YES NO

7. Leave and Absence

Special Leave Other absence With Pay With Part Pay Without Pay
 Reason for Special Leave _____ or absence _____
 STI Reduced: _____ STI Exhausted LTD Rate % Part Pay
 Home Address of Recipient: _____ TOP UP: (Number of Days Top Up Available): _____
 First Day of Top Up: _____
 Last Day of Top Up: _____

8. Additional Information

ARP / ARN Balance

DEPARTMENT RECOMMENDATION AND/OR AUTHORIZATION

Departmental Official _____ Date _____

Departmental Official _____ Date _____



Instruction for Completion and Use of FORM.0031 (Form 1A)

1. To be completed in **duplicate**.
 - **ORIGINAL COPY** to be forwarded to:
Nova Scotia Pension Services Corporation
PO Box 371, Halifax NS B3J 2P8
OR Fax to: 902-424-0662
OR Courier to: Purdy's Wharf, Tower 2, Suite 700, 1969 Upper Water St., Halifax, NS B3J 3R7
 - **SECOND COPY** to be retained by the Department
2. Complete all particulars Section 1 (General) for **all** recommendations and advisements.
3. Complete the items in Section 2 (Appointment); Section 3 (Change of Status); Section 4 Change of Appointment; Section 5 (Extension); Section 6 (Termination) and Section 7 (Leave and Absence) as required and where applicable.
4. Section 8 (Additional information) should be used for supplementary data where space provide is insufficient.

