



REQUEST FOR AUTHORIZATION TO QUIT EMPLOYMENT

The purpose of this form is to:

- Document your request for ‘authorization to quit employment’ if you are planning to:
 - Attend a course or program of training at your own expense (Feepayer)
 - Attend a course or program of training under the Employment Nova Scotia (ENS) employment program known as the Skills Development Employment Benefit; or
 - Participate in an employment activity under any of the following other ENS employment programs; Job Creation Partnerships (JCP), Self-employment (SE) or Targeted Wage Subsidy (TWS).
- Document Employment Nova Scotia’s approval of your request.

SEE GENERAL INFORMATION ON PAGE 2 FOR INSTRUCTIONS REGARDING THE COMPLETION OF THIS FORM

PART A- PARTICIPANT INFORMATION:

SURNAME		GIVEN NAMES AND INITIALS		SOCIAL INSURANCE NUMBER	
PERMANENT RESIDENCE- ADDRESS				TEMPORARY RESIDENCE -ADDRESS	
CITY	PROVINCE	CITY	PROVINCE		
POSTAL CODE	TELEPHONE	POSTAL CODE	TELEPHONE		

PART B- REQUEST DETAILS

1) I request authorization to quit my employment for the following reason: (Please check appropriate box and attach written documentation to verify. Example: A copy of your Record of Employment form, Letter from Employer confirming impending layoff, medical note or other reasons.)
Notice of my impending layoff: My expected layoff date is:
Medical reasons:
Other reasons- Please explain:
2) I am attaching my completed application for assistance under the following Employment Nova Scotia employment program: (Please check the appropriate box indicating the employment program you will be applying to participate in.)
Skills Development
Job Creation Partnerships
Self-employment
Targeted Wage Subsidies
Feepayer
3) I am attaching written confirmation from a Community Coordinator of their “Intent to Support” me in an employment program:
Yes No
4) I plan to leave my employment on: YY/MM/DD
5) My reason for leaving my employment prior to my layoff date is: (Indicate N/A if not applicable)
6) My anticipated start date in the employment activity is: YY/MM/DD

PART C- DECLARATION & SIGNATURE

I declare that the information provided on this form is true and correct to the best of my knowledge. I understand that this information will be used to determine if I will be authorized to quit my employment to participate in an employment activity indicated in Part B, Section 2 above.	
CLIENT/ CLAIMANT SIGNATURE	DATE (YEAR/MONTH/DAY)

OFFICIAL USE

Employment Activity start date precedes Layoff date and confirmation of same attached: Yes N/A	Evidence of Impending Layoff/ Medical Note/ Other Info is attached: Yes N/A
Intent to Support form from a Community Coordinator is attached: Yes N/A	Authorization to Quit Approved: Yes N/A
	Authorization to Quit Effective: Year/Month/Date

