

# Labour and Advanced Education Travail et Éducation postsecondaire

PROTECTED WHEN COMPLETED- B

# 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:
  - o Attend a course or program of training at your own expense (Feepayer)
  - o Attend a course or program of training under the Employment Nova Scotia (ENS) employment program known as the Skills Development Employment Benefit; or
  - O 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 I SURNAME		ES AND INITIALS	SOCIAL INSURANC	CE NUMBER		
PERMANENT RESIDENCE- ADDRESS		TEMPORAR	TEMPORARY RESIDENCE -ADDRESS			
CITY	PROVINCE	CITY	PROVINC	Œ		
POSTAL CODE	TELEPHONE	POSTAL CO	DE ТЕ <b>Г</b> ЕРНО	ONE		
BARTR REQUEST DETAIL	W.C.					
	tion to quit my employment for			and attach written documentation		
to verify. Example other reasons.)	to verify. Example: A copy of your Record of Employment form, Letter from Employer confirming impending layoff, medical note or other reasons.)					
Notice	Notice of my impending layoff: My expected layoff date is:					
Medical reasons:						
Other reasons- Please explain:						
	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 Self-employment						
Targeted Wage Subsidies						
Feepay	er					
3) I am attaching written confirmation from a Community Coordinator of their "Intent to Support" me in an employment program:						
Yes 4) I plan to leave my						
, ,		lavoff date is: (Indica	te N/A if not applicable)			
, -	<ul> <li>My reason for leaving my employment prior to my layoff date is: (Indicate N/A if not applicable)</li> <li>My anticipated start date in the employment activity is: YY/MM/DD</li> </ul>					
6) Way and opaced start date in the employment activity is. 1 1/why/DD						
PART C- DECLARATION & SIGNATURE  1 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 da	te precedes	Evide	nce of Impending Layoff/ Medi	ical		
Layoff date and confirmation Intent to Support form from a	of same attached: Yes	N/A Note/	Other Info is attached: rization to Quit Approved:	Yes N/A Yes N/A		
Community Coordinator is at		N/A	• ••	100 19/74		
		Autho	rization to Quit Effective: _	Year/Month/Date		

Approved	Not Approved		
Rationale			
SIGNATURE FO	R COMMISSION	DATE	

#### **General Information**

#### What is an "authorization to quit"?

Under the *Employment Insurance (EI) Act*, if you quit your job without "just cause" you are disqualified from receiving benefits. However, one circumstance where you are considered to have "just cause" is where you quit your job to:

- a. Attend a course or program of training either at your own expense or under Employment Nova Scotia's employment program known as the Skills Development (SD) Employment Benefit, or
- b. Participate in an employment activity under any of the following other Employment Nova Scotia employment programs: Job Creation Partnerships (JCP), Self-Employment (SE) or Targeted Wage Subsidies (TWS),

AND

You have the approval of Employment Nova Scotia to quit your job. This approval is referred to as an "authorization to quit".

### What are the criteria for Employment Nova Scotia's approval?

An authorization to quit employment to participate in an employment activity should only be given in exceptional circumstances. For example:

- When the person is in receipt of a notice of imminent lay-off
- The person must leave their employment for medical reasons and they face an employment barrier/ need to obtain new employment. The employment barrier/ need (s) must be clearly identified in the client's Return to Work Action Plan (RTWAP).

The approval of the request for an authorization to quit employment is only to be given when the anticipated start date of the employment activity precedes the anticipated termination date of employment.

## What is the procedure for obtaining an authorization to quit?

To obtain an authorization to quit you first have to complete a Request for Authorization to Quit Employment for m and submit it to Employment Nova Scotia for assessment and approval along with the required accompanying documentation. **Note** that Employment Nova Scotia will not consider a request where you have already quit your job.

Before Employment Nova Scotia can assess your Request for Authorization to Quit Employment it will be necessary for you to receive an employment assessment, develop a Return to Work Action Plan (RTWAP) and to submit a completed application for assistance under the particular Employment Nova Scotia employment program in which you propose to participate. If you do not currently have an Employment Counselor/ Case Manager to assist you to develop your RTWAP, contact your local Employment Nova Scotia Centre who can advise you on where to receive this service.

Please note that prior to approving an authorization to quit, the authorizing officer will make a preliminary determination whether you would qualify as an "insured participant" when, subsequent to leaving your employment, you formally submit your application for assistance under the employment program indicated in Section 2 of your Request for Authorization to Quit Employment. An "insured participant" is a defined term in the *Employment Insurance Act*. It means a person who, when they apply for assistance under an Employment Nova Scotia employment program to either Employment Nova Scotia directly or to a Community Coordinator, is:

- 1. unemployed and
- 2. have established an Employment Insurance (EI) claim or,
- 3. have had an EI claim that ended in the past three years, or
- 4. have received maternity or parental benefits under an EI claim that started in the past five years and have left the labour force to care for one or more newborn or adopted children, and are now seeking to re-enter the work force.

Since you, when you are making your Request for Authorization to Quit, are still employed, you technically do not qualify as an "insured participant" at this time. This means the formal receipt and processing of your application for assistance under the employment program indicated in Section 2 of your Request can only take place after you leave your employment and become unemployed. To address this sequencing problem and ensure that you will not find yourself in a situation where you leave your employment only to find out that when you officially submit your application for assistance under the employment program indicate in Section 2 of your Request, you do not qualify as an "insured participant", the authorizing officer will make a preliminary determination whether you would be able to qualify as an "insured participant" after you leave your employment. You maybe asked to provide additional information about your work history and employment earning which will assist in making a preliminary determination of your eligibility. This preliminary determination will be based upon additional information you will be asked to provide about your work history and employment earnings. It will also be based upon the assumption that you will make an application for EI benefits immediately after you leave your employment. The authorizing officer will also make a preliminary assessment of whether, in the event you qualify as an "insured participant", your application for assistance under the employment program indicated in Section 2 of your Request will be accepted.

It is important to note that any decision made shall be considered preliminary only and not absolute which could result in your ineligibility for the employment activity as requested. Insured participant status must be verified and confirmed prior to approval/commencement of the activity. If your request is approved it will be so indicated on the form and you will be provided with a copy of this form.

## What do I do with the approved Authorization to Quit Employment form once I have it?

If you are authorized to quit your employment, a copy of this form must be submitted with your claim for Employment Insurance which you will file immediately after you have left your employment to show that you had just cause for quitting your job.

### Privacy/ Access to Information

The information on this form is collected under the authority of the Employment Insurance Act, and the Nova Scotia Freedom of Information & Protection of Privacy Act and is to be used for the administration of the employment benefit or support measure to which you have applied. Under the provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act individuals have the right to protection of and access to their personal information. To obtain access to, or to request correction of your personal information collected and used by NS Labour & Advanced Education please contact the Department's Information Access & Privacy Manager by email <a href="LAEaccess@gov.ns.ca">LAEaccess@gov.ns.ca</a> or phone (902) 424-8472. The personal information collected will only used and disclosed in keeping with the access and privacy provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act and the Nova Scotia Personal Information International Disclosure Protection Act. Personal information provided may be shared with Revenue Canada in keeping with the data-sharing provisions of the Labour Market Development Agreement.