## BRIDGING OF SERVICE REQUEST FORM



Employ	yee Name:	Employee Number:
Depart	tment:	
Divisio	on/Branch:	
	sideration of applying for Bridging of Ser ed in the Bridging of Service Policy:	rvice, I verify that I have met the following conditions, as
(a)	I had accumulated at least four years or regular status;	of calendar service at the time of resigning and held

- (b) my resignation was for the purpose of raising a dependent child or children (and this reason was indicated in the written notice of resignation);
- (c) the break in service was not for longer than six years;
- (d) during the break in service I was not engaged in remunerative employment for more than three months;

If eligible for Bridging of Service, I understand that:

- (e) the previous length of service shall not be reinstated until successful completion of my probationary period;
- (f) I will be credited with the accumulated sick leave credits at the time of my resignation to a maximum of 26 days and will be accumulating sick leave credits at the rate of one day for each biweekly of accumulated service;
- (g) I will be accumulating vacation credits at a minimum rate of twenty credits for full time hours of accumulated service;
- (h) the previous length of service shall not be reinstated for the purposes of Long Service Step, Seniority or Severance.

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This section for Human Resources use.	
The request is:	
Denied	
If denied list reason:	
Approved	
Previous employee number: Eff	(yyyy/mm/dd)
Sick Leave quota at time of termination: (hrs/day	/s):
Number of sick leave days being credited (max of	f 26 days):
Based on previous service date of weeks per year.	you will accrue vacation atnumber of
Human Resources Employing Authority Approval	
	(Please print name)
Signature of Human Resources Employing Authori	ty Date

\* PLEASE RETURN SIGNED COMPLETED FORM TO YOUR PAY & BENEFITS OFFICE \*