Over-range Pay Protection
Submission to Public Service Commission

It is required to complete the full form.

Tracking Number (such as AIMS):	
Employee Name:	Employee No.:
Department:	BA#:
Branch:	Division:
Current (Home) Position Title:	
Current Classification:	SAP Position No.:
Date of Appointment in Current Position:	Date of Last Merit Increment:
REASON FOR REQUEST	
Check one of the following: ☐ Organizational change or restructuring resulting in a reassignment. ☐ A classification series review or reclassification to a position with a lower maximum salary. ☐ Inability to meet new requirement of the position related to changes in the department's business or direction. ***(If you have checked any of the above, please fill Section 1 below then skip to Section 3.)*** ☐ A medically confirmed accommodation. ***(Please skip Section 1, complete Sections 2 and 3 below)***	
SECTION 1 – FOR ORGANIZATIONAL CHANGE/RESTRUCTURING, RECLASSIFICATION, OR INABILITY TO MEET NEW REQUIREMENT	
Effective date of classification change/reassignment:	
Reassignment Position Title:	
Classification of Reassignment Position:	SAP Position No.:
Department:	BA#:
Branch:	Division:
Date the employee was notified of the classification/reassignment:	
SECTION 2 – FOR MEDICALLY CONFIRMED ACCOMMODATION	
Date of injury/illness:	
Date of medical note/documentation:	
Date (first) placed on paid sick leave:	
Date (first) placed on paid leave (WCB/LTD/MPI):	
Date placed on unpaid leave:	
Date of return to work:	
Date of (first) reassignment/accommodation:	
Reassignment/Accommodation Position Title:	
Classification of Reassignment/Accommodation Position/Duties:	SAP Position No.:
Department:	BA#:
Branch:	Division:
Date the employee was formally notified of the reassignment (please provide a copy of the formal notification document):	
SECTION 3 – REQUESTED OVER-RANGE PERIOD	
Date from:	Date to:

Additional Comments:		
RECOMMENDED BY		
Prepared/verified by (HRC name):		Date:
Deputy Minister or Designate:		Date:
Human Resources Director:		Date:
FOR TOTAL REWARDS USE ONLY		
☐ Approved ☐ Denied		
Approved over-range period from:	to:	
Reason for denial or changes to the requested over-range period:		
Effective (date) _______________ the over-range pay protection will end and the salary will be aligned to the rate of pay within the classification of the work the employee is performing.		
Prepared/verified by (CSO name):		Date:
Director, Total Rewards:		Date:

Public Service Commission Policies Pay Practices

Specific to Over-range