

## REQUEST FOR AUTHORIZATION TO QUIT EMPLOYMENT – SECOND CAREER

### PART A - PARTICIPANT INFORMATION

Surname		Given Name and Initials		Social Insurance Number	
Permanent Residence - Address (Street/Box/RR)			Temporary Residence - Address (Street/Box/RR)		
City	Province	City	Province		
Postal Code	Telephone No.	City	Telephone No.		

### PART B - REQUEST DETAILS

<p>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)</p> <p style="text-align: center;">Second Career</p>	
<p>2) I am attaching my completed application for assistance under the following Ministry employment program: (Please check appropriate box indicating the employment program you will be applying to participate in.)</p> <p style="text-align: center;">Second Career</p>	
<p>3) I am attaching information detailing my employment history over the last 52 weeks.</p> <p>Yes                      N/A</p>	<p>Evidence of Impending Layoff/Other Info is attached:</p> <p>Yes                      N/A</p>
<p>4) I plan to leave my employment on:</p>	
<p>5) My reason for leaving my employment: (Indicate N/A if not applicable)</p>	
<p>6) My anticipated program start date:</p>	

### PART C - DECLARATION & SIGNATURE

I understand that my eligibility for Employment Insurance is a Service Canada decision.

I agree that the Ministry will not be liable for any loss relating to my request for authorization to quit employment, including any loss from quitting my employment such as loss of employer benefits (e.g. severance pay, medical/dental benefits, salary, recall rights).

I have read and understood the entire form including the GENERAL INFORMATION section and agree to abide by its terms and conditions.

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 Second Career as indicated in Part B, section 2 above.

\_\_\_\_\_

Client Signature Date

Approved	Not Approved	Authorization to quit effective: _____
		Date
MTCU Official:		
_____		_____
Name		Date
_____		
Signature		

## GENERAL INFORMATION

The purpose of this form is to:

- document your request for “authorization to quit employment” if you are planning to participate in Second Career
- document the Ministry's approval of your request.

### **What is an “authorization to quit”?**

Under the *Employment Insurance 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:

participate in Second Career

### **AND**

you have the approval of the Ministry to quit your job. This approval is referred to as an “authorization to quit”.

### **What are the criteria for the Ministry's approval?**

An authorization to quit employment to participate in Second Career will only be given for clients in interim jobs who were laid-off on or after January 1, 2005.

Ministry income support and training benefits will not be considered for any period prior to the employment program start date.

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

To obtain an authorization to quit you first have to complete this Request for Authorization to Quit Employment form and submit it to the Ministry for assessment and approval along with the required accompanying documentation.

Before the Ministry 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 Second Career. If you do not currently have an Employment Counsellor/Case Manager to assist you to develop your RTWAP, contact the Employment Ontario Hot line at: 1-800-387-5656 for a referral to this service.

Please note that prior to approving an Authorization to Quit, Ministry staff will discuss the potential risks you could face if you do quit your job.

Since you are making your request for Authorization to Quit when you are still employed, you may not qualify as an “insured participant” at this time.

You may be asked to provide additional information about your work history and employment earnings which will help in the discussion of the risk you are taking in quitting your job. It is assumed you will make an application for EI benefits immediately after you leave your employment.

If your request for Authorization to Quit is approved by the Ministry, you will be provided with a copy of this form indicating this approval.

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

You will receive three copies of the Authorization to Quit Employment portion of this form once it has been reviewed and approved by Ministry staff. You must attach the original to your application for Employment Insurance, give a copy to your case manager and keep a copy for your records.

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### **Notice of Collection of Personal Information**

As of January 1, 2007, the Government of Ontario (“Ontario”) delivers the Employment Benefits and Support Measures previously delivered by the Government of Canada (“Canada”) pursuant to Part II of the *Employment Insurance Act*. Your personal information, including your Social Insurance Number, provided on this form and in all other communications related to the Ontario employment benefits and support measures program (the “Program”) will be used to administer the Program in accordance with the Labour Market Development Agreement between Canada and Ontario, the *Employment Insurance Act*, S.C. 1996, c.23, as amended, and the *Financial Administration Act*, R.S.O. 1990, c. F.12, as amended. Ontario will collect relevant personal information directly from you and indirectly from Canada for these purposes. Depending on the type of benefit or support you seek, third parties may also be involved in the administration of the Program, including third party service providers, your employer, your training institution and contractors and auditors retained by Ontario. Ontario may collect relevant personal information indirectly from these third parties. You may be contacted to participate in surveys related to the Program. For more information about the collection and use of your personal information in the administration and financing of the Program you can visit the Employment Ontario website at: <http://www.ontario.ca/employmentontario> or contact the Manager, Employment Ontario Hotline, in writing at the Ministry of Training, Colleges and Universities, 5775 Yonge St., 14th Floor, Toronto, Ontario M7A 2H2, or by phone at 1-800-387-5656.

**Re: Authorization to Quit Employment**

Client Social Insurance Number \_\_\_\_\_

This is to confirm that \_\_\_\_\_  
Client Name

has been authorized to leave employment with \_\_\_\_\_

in order to attend the following Ontario employment program:

Name of program \_\_\_\_\_

Provider \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

The above named client may choose to leave their job pursuant to Section 25 of the *Employment Insurance (EI) Act* in order to participate in the Second Career no earlier than two weeks prior to the program.

The client has also been made aware that income support and training benefits from the Ministry of Training, Colleges and Universities (MTCU) will not be considered or paid for any period prior to their program start date.

Sincerely,

\_\_\_\_\_  
MTCU Official Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
MTCU Official Signature

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

For Client	For MTCU
Client Copy	Program File Copy
Case Manager Copy	
Original to be attached to Employment Insurance Application	