



REMOTENESS ALLOWANCE ELIGIBILITY CLAIM FORM SUPPORT STAFF

In accordance with Policy E.2.E - Remoteness Allowance, I am claiming:

a) Single Remoteness Allowance

b) Dependent's Remoteness Allowance

My spouse/partner and/or dependents are living with me and dependent on me for main and continuing support.

My spouse/partner currently works for the Division: Yes No

Spouse/Partner's name: _____

Spouse/Partner's position: _____

Please make note of the following clauses from Regulation E.2.E-R:

5) c. *Where both marital partners are employees of Frontier School Division, but subject to Subsection 'd' which follows, the dependent rate shall be paid to one partner only and the other partner will not receive either the dependent or single rate of Remoteness Allowance.*

d. *Where both partners are employees of the Division, the dependent rate will be paid to the permanent employee if the other partner is temporary, or the first employee to be hired on a permanent basis, otherwise to the first employee hired. Where specifically requested by both employees, in writing, the dependent's rate may be divided and equal amounts (to the nearest cent) paid to each employee.*

I undertake to notify the Payroll Department of any changes that will affect the above declaration, and agree to any adjustments to the amount of Remoteness Allowance payable arising therefrom.

I declare that the foregoing eligibility claim for Remoteness Allowance under the provisions of Frontier School Division's policy is an accurate account of my dependent's status.

Name

Address

Signature

Date