



Ministry of Education

# Application for Compassionate Care Leave

Teachers' Superannuation Commission  
Room 129, 3085 Albert Street  
Regina, SK S4S 0B1  
Toll Free: 1-877-364-8202, In Regina: 787-9194

## AFFIDAVIT - Absence for Compassionate Leave

AFFIDAVIT OF \_\_\_\_\_  
Full Name

OF \_\_\_\_\_ IN THE PROVINCE OF \_\_\_\_\_,  
Place of Residence

CANADA; \_\_\_\_\_.  
Occupation

I, \_\_\_\_\_ of \_\_\_\_\_  
Full Name Place of Residence

In the province of \_\_\_\_\_, Canada, \_\_\_\_\_  
Occupation

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

\_\_\_\_\_  
Teaching Certificate Number

make oath as follows:

- 1) that I make this affidavit in support of an application to the Teachers' Superannuation Commission to recognize as teaching service for pensionable credit to me in the Teachers' Superannuation Plan, a period of compassionate leave consisting of \_\_\_\_\_.  
Maximum 1 year
- 2) that the period of compassionate leave, reduction of employment time or resignation in respect of which I have made application to the Commission commenced on \_\_\_\_\_ and terminated on \_\_\_\_\_.
- 3) that immediately prior to my compassionate leave I was employed by the \_\_\_\_\_ from which I resigned on \_\_\_\_\_  
Name of employing school board Date
- 4) that during my leave my primary responsibility was to care for my family member, and during this period I was not otherwise employed in another occupation or business and I was not in full time attendance at an educational institution.

Declared before me at the \_\_\_\_\_  
of \_\_\_\_\_ in the Province  
of \_\_\_\_\_ this \_\_\_\_\_ day  
of \_\_\_\_\_, A.D. 20 \_\_\_\_\_

\_\_\_\_\_  
Teacher Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City or Town  
\_\_\_\_\_  
Province Postal Code

Signed: \_\_\_\_\_  
J.P., N.P. Solicitor or Commissioner for Oaths in  
and for the Province of \_\_\_\_\_.

My Commission expires \_\_\_\_\_