

TRAINING / INTERVENTION NOTICE
Employment Insurance Entitlement
Counsel to Leave Employment

Organization Information:

Name:	Date:
Contact Person:	Telephone Number: () -

Client Information:

Name:	
Social Insurance Number:	Area Code/Telephone Number: () -

Counsel to Leave Employment:

This client has been authorized to leave his/her employment to attend training or employment intervention.	
Employer Name:	Last Day of work:
Provide rationale if there is a gap of more than two weeks from the last day of work to the first day of training or intervention:	

_____	_____	_____
Printed Name	Signature of Designated Authority	Date

Give completed form to client.

Drop off completed form at the nearest Service Canada Centre;
Website: <http://www.servicecanada.gc.ca/cgi-bin/hr-search.cgi>

Or Mail to:
Service Canada Centre
Western Canada and Territories Region
P.O. Box 245
Edmonton AB T5J 2J1