

FORM FOR RETRO PAY REQUEST

[DATE]

Sent via email

[EMPLOYER NAME]
Human Resources

**Re: PCAM Retro Request for
[FULL NAME] terminated employee**

The collective agreement between the Employer and PCAM was ratified Friday, February 3, 2023. The new collective agreement states that employees who resigned or retired are entitled to retroactive pay for the period between April 1, 2019 and the date of ratification. I am applying within sixty (60) days of ratification, as required by the collective agreement.

I was employed with _____ from _____ until my final day of
[EMPLOYER NAME] [MONTH/DAY/YEAR]
employment on _____.
[MONTH/DAY/YEAR]

Please process and pay my retroactive pay entitlement.

[Check statement that applies]:

My banking information has not changed since my employment ended.

OR:

My current banking information is _____.
[INSTITUTION, ACCOUNT NUMBER]

Yours Truly

[EMPLOYEE NAME]

[MAILING ADDRESS]

Address: _____

City/Town/PO Box: _____

Province: _____

Postal Code: _____