

FSD 18 Special Family Separation Assistance Application Form

Employee's Name: _____ Mission : _____

Is this your initial request for this assignment? Yes No Date: _____

Spouse Common-law partner Name: _____

Dependant child(ren)/student(s) Name(s):	Attending school?	School Location:
_____	Y/N	___ Canada* ___ Mission
_____	Y/N	___ Canada* ___ Mission
_____	Y/N	___ Canada* ___ Mission
_____	Y/N	___ Canada* ___ Mission

* Indicate if assistance is provided under FSD 33

Date since assistance commenced: _____

Reason for Family Separation:

- FSD 18.03 (a) Unaccompanied Assignment _____
- FSD 18.03(b) Employment of Spouse* _____
- Education of Spouse* _____
- Family Related** _____
- FSD18.03(c) or (d) Disruption of child's education** _____
- FSD18.03(e) Illness of a dependant* _____
- FSD18.03(f) Disposal of principal residence* _____

* Please provide documentation to support the reason for family separation
 Employment of spouse: e.g. letter from employer
 Education of spouse: acceptance letter
 Disposal of principal residence: proof of active and realistic attempts of disposal of principal residence
 Illness of dependant: medical certificate

** Please attach an explanation with details supporting the reason for family separation

Have you ever been granted "separation assistance" in the past under FSD 15.34, FSD 17.04 and/or FSD 17.05? Yes No

If yes, provide dates: From YYYY/MM/DD To YYYY/MM/DD

Dates of current assignment: From YYYY/MM/DD To YYYY/MM/DD

Date(s) that spouse/common-law partner will not be residing at mission: From YYYY/MM/DD To YYYY/MM/DD

Will the spouse/common-law partner relocate to/from Mission during assignment? Yes or No

If yes, specify approximate dates of relocation: From YYYY/MM/DD To YYYY/MM/DD

The Spouse/Common-law partner will remain in:

- Principal residence in headquarters city
- Other residence in headquarters city *
- Not in headquarters city

Address: _____

* Proof of cost of maintaining second residence (attach copy of legal documentation such as lease agreement or mortgage statement to demonstrate expenses incurred)

DECLARATION OF EMPLOYEE

- I hereby certify that the information provided in this declaration is correct and that there is no separation due to relationship breakdown.
- I acknowledge that it is my responsibility to inform my department of any change or event that may change the information provided above.
- I acknowledge that benefits claimed under false pretences will be recovered and I will be subject to disciplinary action.

Employee's signature: _____ **Date:** _____

Request: Approved Denied

Department approval: _____ **Date:** _____