**RECOMMENDATION FOR EXTENSION OF SERVICE FORM**

***(This form is to be initiated by HR & Corporate Services Manager and submitted to the HR and Compensation Committee prior to the renewal/expiry of current employment contract)***

**Preamble**

NA Termination Policy states that retirement age for employees is 60 years old but that, on reaching retirement age, employees can be considered for an extension of service on a year to year basis.

To be extended beyond retirement age an employee needs to be:

* Recommended for further employment by direct line manager based on the job requirement
* Meet the required medical standard
* Approval of the HR and Compensation Committee Chair

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| Employee Name: | Employee Position:  Employee Number: |
| Employee Date of Birth: | Employment Contract Expiry Date: |

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| --- | --- |
| Comments by Direct Line Manager: |  |
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Recommended / Not recommended for extension of service:

CAMO : ………………………………………………………

Approved by: HR & Compensation Committee Chair: ………………………………………………

If extension of service is recommended by the direct line manager, a medical assessment is to be arranged by HR.

Medical assessment result attached : fit / unfit

**Extension of Contract: Approved / Not Approved**

……………………………………………………….. Date:………………………

HR and Compensation Committee Chair