



Total
Number of Pages
(Including this one)

Date (yyyymmdd)

Public Service Pay Centre - Pay Action Request Form 446-1E

Pay Centre Mailing Address:

Public Service Pay Centre - Mail Facility
PO Box 6500

Matane QC G4W 0H6

Pay Centre Fax: 1-855-393-1559 Pay Centre Email: centredepaye.paycentre@tpsgc-pwgsc.gc.ca

Instructions:

For pay services that are provided by the Public Service Pay Centre to be actioned, please complete one (1) Pay Action Request (PAR) Form **for each individual employee** and attach your departmental form to the completed PAR. (*Denotes Mandatory Fields)

Section 1 - Employee Information

*First Name

*Personal Record Identifier (PRI)

*Last Name

Case Number (If applicable)

*Email Address

Telephone Number

*Department/Agency

Please choose a Department/Agency

*Section 2 - Work Type (Select one)

*Please select the Work Type for this request

*Section 3 - Sub Type - (Select one)

*Please select the Sub Type for this request

Section 4 - Requestor (Staffing/Manager)

*Name of Requestor

*Email Address

Telephone Number

Comments

Administrative Use Only

Section 5 - Trusted Source - The Department remains responsible for authenticating all Section 34 signatures.

Trusted Source Name

Email Address

Telephone Number

