



**Saskatchewan
Advanced Education
and Employment**

Student Financial
Assistance

4635 Wascana Parkway
Box 650
Regina SK S4P 3A3
(306) 787-0923
1-800-597-8278

Exemption Request Provincial Training Allowance

File No.

For Office Use Only

Client's PHN

Client's SIN

Client's Name

Surname

First name

Exemption Request Information - Complete A, B or C

A - Waive Overpayment in the amount of \$ _____ due to:

- Discontinuation for documented medical reasons (*Attending Physician's Statement required*);
- Discontinuation due to death in immediate family (*Copy of Death or Funeral Director's Certificate required*);
- Course cancellation by educational institution (*Letter from educational institution required*).

NOTE: Clients who have been approved under Option A, will be restricted from further funding following the completion of their current study period.

B - Defer Overpayment in the amount of \$ _____ .

- ◆ **IF THE CLIENT IS STILL** in receipt of PTA funding and has an outstanding overpayment balance, 10% of the monthly need will be deducted each month to repay the overpayment balance. Clients in this situation may request deferral of the overpayment deduction for one of the following reasons:
 - Overpayment resulted from an assessment error;
 - Overpayment deduction will cause financial hardship (monthly budget and expense receipts required).
- ◆ **IF THE CLIENT IS NO LONGER** in receipt of PTA funding and has an outstanding overpayment balance to be repaid, deferral of repayment of the overpayment may be requested for one of the following reasons:
 - Client is in receipt of assistance from the Department of Community Resources (letter from case worker or copy of deposit advice required);
 - Client is in receipt of student loan funding;
 - Other. Specify _____

NOTE: Clients who have defaulted on the repayment of their overpayment will be restricted from further funding.

C - Reduce/Increase Overpayment Deduction. New monthly amount requested: \$ _____ .

- Reduce overpayment deduction due to financial hardship (attach monthly budget along with expense receipts);
- Reduce overpayment deduction as it was created due to an assessment error;
- Increase monthly overpayment deduction;
- Other. Specify _____

Check (✓) List for Documents Attached to this Exemption Request:

Delays in processing occur when the appropriate documentation is not attached. Use the following check list for the documents to be included with this request.

- Attending Physician's Statement
- Letter from educational institution
- Other supporting documentation. Specify _____
- Monthly budget (*including copies of bills*)
- Letter from Department of Community Resources

X _____

Client's signature (in ink)

Date

FOR OFFICE USE ONLY:

Total Amount of Overpayment \$ _____

Rational for Recommendation: _____

RECOMMENDED: Yes No X _____ Date _____
Supervisor (PTA)

RECOMMENDED: Yes No X _____ Date _____
Manager (Income Support)

RECOMMENDED: Yes No X _____ Date _____
Director

Approved: _____ **Rejected:** _____ X _____ Date _____
Executive Director

PTA247-0306