

CPAA pay equity application form

In order to assess an employee's eligibility for the CPAA pay equity payment, this application form must be completed and returned to Canada Post.

Instructions:

1. Complete the form to the best of your recollection. **Be sure to list all positions that were occupied by the employee between September 1, 1992 and March 31, 1997.** If possible, identify if the employee was permanently in the position or if they were acting/replacing in the role. You may use extra pages if needed.
2. If you are completing this application on behalf of someone who is deceased, please include your name and contact information on the application so we know how to reach you.
3. If you need help filling out the form, contact the CPAA pay equity team at **CPAAequity.equiteACMPA@canadapost.postescanada.ca**.
4. Return the completed application by email at the address above or by mail. Our first group of applicants had an October 1, 2020 deadline to submit their application. If you were part of the group contacted by the Canada Revenue Agency (CRA), your deadline is February 9, 2021. If you are part of the group contacted by Canada Post in January 2021, your deadline is **February 16, 2021**.

Mailing address:

**CPAA PAY EQUITY
CANADA POST CORPORATION
2701 RIVERSIDE DR SUITE C0160
OTTAWA ON K1A 0B1**

EXAMPLE APPLICATION

| | | | |
|--|---|-------------------|-------------------|
| Employee name (surname, given name) | Doe, Jane | | |
| Canada Post employee identification number | 1234567 | | |
| Applicant's name (if different than the employee) | Doe, John | | |
| Applicant's street address | 14 Anywhere street | | |
| City, province, postal code | Ottawa, ON, K1A 0B1 | | |
| Telephone number | (555)555-5555 | | |
| Email address | someone@domain.com | | |
| CPAA post office location and province | Position title (Part-time Assistant, Full-time Assistant, Senior Assistant, Group Postmaster, Grade Postmaster, Acting/Replacing, etc.) | Start date | End date |
| <i>Coleman, PEI</i> | <i>Full-time Assistant</i> | <i>1992/09/15</i> | <i>1993/10/21</i> |
| <i>Bloomfield Station, PEI</i> | <i>Acting Postmaster</i> | <i>1993/10/22</i> | <i>1996/04/17</i> |
| <i>Bloomfield Station, PEI</i> | <i>Part-time Assistant</i> | <i>1996/04/18</i> | <i>1997/10/13</i> |

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Please complete this form to the best of your recollection.

| Employee name (surname, given name) | | | |
|---|--|------------|----------|
| Canada Post employee identification number | | | |
| Applicant's name (if different than the employee) | | | |
| Applicant's street address | | | |
| City, province, postal code | | | |
| Telephone number | | | |
| Email address | | | |
| CPAA post office location and province | Position title (Part-time Assistant, Full-time Assistant, Senior Assistant, Group Postmaster, Grade Postmaster, Acting/Replacing, etc.) | Start date | End date |
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