

Second Review Request Form – Job Approval Letters

To request a Second Review of your Job Approval Form (JAF), please submit this form to employerservices@gov.sk.ca **within 30 days** of the date of the ineligible letter or approval with less than the total number of requested positions having been approved.

It is important that you complete this form in its entirety, including the administrative error(s) and/or error(s) made in the application of the JAF policies that led to the decision. Upon receipt of a completed form, you will be notified of the timeframe for the completion of the Second Review on your JAF.

The review is based on the information provided during the assessment of the JAF. Please do not include additional information or documentation with your request for a Second Review. If there is new supporting information that you would like considered, then you will be asked to submit another JAF for the position.

Please note that you cannot submit a new JAF for the same position while waiting for the results of a Second Review, as we can only assess one JAF for that position at one time.

A Second Review request will be processed in a queue system and cannot be expedited unless the job position is intended for an individual meeting one of the following conditions:

- Worker with work permit expiring within the next three months;
- Ukrainian citizens; and/or
- Displaced SINP nominees.

Before completing this form, please review the relevant criteria carefully at

<https://www.saskatchewan.ca/residents/moving-to-saskatchewan/hire-a-foreign-worker/recruit-and-hire-workers-with-sinp> and the program decision on your JAF.

1. Contact Information of Individual Requesting

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| First name: |
| Last name: |
| Role of the requestor: |
| Phone number: |
| Email address: |
| Please attach a copy of the Government-issued Photo Identification of the individual submitting the request e.g. Driver's License. |

2. Business Information

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| Legal Company Name: |
| Business Operating Name: |
| Operating address of the business: |
| Employer ID for SINP: |

3. Job Approval Form Information

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| Job title: |
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| Position ID: |
| NOC Code: |
| Date of Ineligible Letter/JAL with less than number of positions requested (dd/mm/year): |

You must include a detailed description of the perceived error(s) made by the SINP when processing your JAF and/or assessing the information that you provided in your original JAF against the relevant program criteria for eligibility. Your request for a Second Review cannot be processed if you do not provide detailed reason(s).

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| Detailed Description of Reason for Second Review: |
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NOTE: Additional documents will only be accepted, with a rationale, if you believe that a processing error was made that resulted in the information not being considered in the original assessment.

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| List of Documents Attached: |
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Please complete and email this form to: employerservices@gov.sk.ca with the subject line titled "Second Review Request for job position ID#"