

**TYPE OF APPROVAL:**       **OLR UPDATE**

CLIFF REFERENCE NUMBER(S)

*Please ensure that the CLIFF REFERRAL is completed prior to the next signatory.  
Please telephone the contact person before forwarding or return to the author if  
changes are required.*

POLICY INITIATIVE		IMPLEMENTATION DATE (YYYY.MMM DD)
ORIGINATING BRANCH		OLR TOPIC(S)
CONTACT NAME	TELEPHONE NUMBER	

EVALUATING BRANCH/OFFICE	✓	APPROVED		COMMENTS	SIGNATURE	DATE SIGNED
		Y	N			
Originating Director						
Strategic Transformation						
Strategic Policy Branch						
Prevention and Loss Management						
Legislation, Litigation & Appeals Branch						
Provincial Services						
Finance and Admin Services Branch						
Employment and Labour Market Services Division						
Health Assistance Branch						
Information Management Branch						
People Strategies						
Other						

**Please return to the OLR Content Office when above sign-off is complete, to coordinate Executive sign-off below.**

OLR Policy Implementation Director						
ADM- SDD						
ADM- RIPD						
ADM- ELMSD						
ADM- CSD						