**Title:**  Describe the item being raised or the action proposed in 12 words or less

Example: Revocation of appointments to [name of agency, board or commission]

**Submitted By:** State the name and portfolio of the Minister concerned

**REQUEST REVOCATION(S)**

The Governor in Council is requested to revoke the appointment(s) of [insert name] as [insert position] of the [insert ABC name].

**LEGAL AUTHORITY** (must be completed by the Department of Justice solicitor advising on the submission)

The undersigned has the honour to refer to:

[insert provisions that provided authority for the original appointment]

The undersigned has the further honour to refer to clause 18(1)(a) of Chapter 235 of the Revised Statutes of Nova Scotia, 1989, the *Interpretation Act*, which provides as follows:

 18 (1) Words authorizing the appointment of a public officer include

 the power of

 (a) removing or suspending him;

**APPOINTMENT PROFILE**

Please use the following wording:

[insert name] was appointed to [insert ABC name] by Order in Council [insert number of OIC] dated [insert date] effective [insert effective date of appointment].

Revocation is requested because (insert short explanation – e.g. the individual has resigned, left the province, etc.).

**COMMUNICATIONS**

Indicate if a Communications Plan is attached **OR** if Communications Nova Scotia has determined that a Communications Plan is not required for this submission.

**RECOMMENDED FORM OF ORDER** (must becompleted by the Department of Justice solicitor advising on the submission in the format below)

The undersigned therefore has the honour to recommend that the Governor in Council make an order in the following form or to like effect:

The Governor in Council on the report and recommendation of the Minister of [insert appropriate title], dated [xxxx], 20\_\_, and pursuant to Section [x] of Chapter [X] of [insert citation], and Section 18 of the Chapter 235 of the Revised Statutes of Nova Scotia, 1989, the *Interpretation Act*, hereby revokes the appointment of [insert name] as [insert position] of [insert ABC name], made by Order in Council [insert number] dated [date of original OIC], effective [date of order].

Respectfully submitted,

[Original signed by]

Minister of Date

|  |  |
| --- | --- |
| **Legal Review**  | **Financial Review** |
| **Attorney General**Approved as to Form and Authority\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert printed name)Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert printed name)Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**APPENDICES:**

(List all appendices for the submission based on requirements outlined below)

Attach the following documents to R&Rs requesting the revocation:

1. Resignation Letter or E-mail filed by the Board Member;
2. Copy of OIC that appointed the Board member; and
3. Communications Plan, if required by CNS