

## Leave of Absence Form – Positions Less Than 12-Month

**Full Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Status:** ☐ Full-time ☐ Regular Part-time

**Date Last Worked:** \_\_\_\_\_ **Leave Start Date:** \_\_\_\_\_

**Leave End Date:** \_\_\_\_\_ **Return to Work Date:** \_\_\_\_\_

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Do you require a Record of Employment (ROE) to be submitted to Service Canada to claim EI Benefits?

☐ Yes ☐ No

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### CAAT Pension Plan:

☐ I would like to purchase my leave of absence period within the six-month deadline

During an unpaid leave, you may purchase this service by paying both the employee and College share of the cost. A quote will be prepared by the Benefits Administrator and sent to you upon your return to work. The purchase must be paid within six months of returning from your leave, or the actuarial cost will apply.

☐ I will not be purchasing my leave of absence period

☐ N/A

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### Sun Life Group Benefits Coverage During Leave:

(Full-time employees only)

☐ I will not be maintaining Sun Life group benefits coverage during my leave

You are required to complete a Sun Life Benefit Change Form indicated your benefit status during your leave. Please note that only mandatory coverage will be reinstated upon return to full-time work. If you do not maintain optional coverage during your layoff period and would like it reinstated upon your return, you must apply via health statement to Sun Life. Sun Life has the option to decline the application. Please contact the Benefits Administrator.

☐ I would like to maintain the following benefit coverage through the duration of my leave by paying both the employee and employer share:

- ☐ Extended Health Care\*
- ☐ Dental\*
- ☐ Long Term Disability\*
- ☐ Basic Life/AD&D\*
- ☐ Optional Life Insurance(s)
- ☐ Employee Critical Illness
- ☐ Spousal Critical Illness

\* Mandatory coverage will be reinstated upon return to full-time work

**Sun Life Group Benefits Payment(s) for Leave Period:**

☐ I would like premiums for selected coverage to be deducted from my final pay prior to my leave period

☐ Payment for selected coverage will be made through monthly pre-authorized debit from my bank Account.

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**Computer Purchase Program:**

If you participate in the Computer Purchase Program, deductions will resume upon return to work.

As per the Computer Purchase Program agreement, should you not return to work upon conclusion of your leave of absence, you are responsible to pay the balance owing on your computer purchase prior to the end of your leave.

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**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HRC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please obtain your supervisor's approval/signature and submit this document to your HR Consultant at least 6 weeks prior to your leave commencing to ensure necessary salary, benefit and pension arrangements have been made prior to your leave commencing.

If you require assistance, please contact the Benefits Administrator, [benefits@flamingcollege.ca](mailto:benefits@flamingcollege.ca)