

Employee Unpaid Leave of Absence Leading to Retirement

Customer Information:

Full Name: _____ Employee Number: _____

Department: _____ Reason for Leave: _____

Date Leave Begins: _____ Date of Retirement/Leave Ends: _____

Vacation:

- ☐ I will be taking my vacation throughout the year
- ☐ Vacation days are being applied to my leave of absence
Please attached a memo providing the details and the dates being taken. A completed/authorized copy of your current attendance report must be included

Pension:

- ☐ I would like to receive an estimated cost to purchase pension service during the leave of absence period
- ☐ I will not be purchasing my leave of absence period

Benefits:

- ☐ I will pay the total cost (employee and employer amounts) of maintaining the selected benefits below:
 - ☐ Basic Life Insurance/AD&D
 - ☐ Long-Term Disability
 - ☐ Supplemental Life Insurance
 - ☐ Pay-All Life Insurance
 - ☐ Dependent Life Insurance
 - ☐ Supplemental Spousal Life Insurance (Applicable to Support Staff group only)
 - ☐ Extended Health Care (includes vision and hearing)
 - ☐ Dental Care
- a. ☐ I would like the total cost of my benefits for the leave period to be deducted from my last pay prior to the leave
- b. ☐ I would like to be set up for pre-authorized debit payments to pay for my benefits during the duration of my leave

☐ I do not wish to continue my benefits during my leave period

Canada Savings Bond:

☐ I would like the deductions taken from my last pay

☐ Please add deductions to my pre-authorized debit payments

☐ I wish to suspend the Bond deductions during the leave period

☐ I do not have a Canada Savings Bond

Computer Purchase Plan:

☐ I would like the deductions taken from my last pay

☐ Please add deductions to my pre-authorized debit payments

☐ I do not have a computer purchase plan deduction

Other Arrangements to be Made Concerning Your Leave:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Human Resources Consultant Signature: _____ Date: _____