

**Prepaid Leave Plan:  
Notification of Leave****Employee Details**

|             |  |                   |  |
|-------------|--|-------------------|--|
| Full Name:  |  | EMPLID:           |  |
| Department: |  | Employment Group: |  |

Leave arrangements are as follow:

**Disbursement of Prepaid Leave (PPL) Monies**

The following outlines the arrangements for the disbursement of PPL:

Paid via direct deposit to my regular payroll bank account

One-time lump sum payment to be processed by (date)

Two lump sum payments to be processed as follows:

First Lump Sum:

Payable by: % Payable:

First Lump Sum:

Payable by: % Payable:

**Benefits and Pension Acknowledgement:**

It is understood that I am responsible for contacting [Total Rewards](#) to make arrangements for the continuation of Sun Life group benefits and pensionable service during my leave of absence period. I acknowledge that full premiums payable for these benefits shall be my responsibility.

**Leave Details**

|             |  |
|-------------|--|
| Start Date: |  |
| End Date:   |  |

**Employee Certification**

I agree that my employer shall not be held liable for, and is hereby released from, any and all financial claims that may arise, directly or indirectly, in connection with my participation in the Prepaid Leave Plan.

|                     |  |       |  |
|---------------------|--|-------|--|
| Employee Signature: |  | Date: |  |
|---------------------|--|-------|--|

**Copies to:** President, Payroll, Manager/Leader, Total Rewards