

**Leave of Absence Form:  
Annual Leave for Less Than 12-Month Positions**



**Submission Instructions:**

Please complete all sections of this form and submit it to your manager for approval and signature. The completed form should be submitted to [Total Rewards](#) at least six (6) weeks before your leave begins. This ensures salary, benefits, and/or pension arrangements are in place prior to your annual leave.

Employee Details			
Full Name:		EMPLID:	
Department:			
Employment Status:	Part-Time	Full-Time	

Leave Details			
Date Last Worked:			
Leave Start Date: <i>Must be the day following your Date Last Worked</i>			
Leave End Date: <i>Must be the day prior to your Return to Work Date</i>			
Return to Work Date:			
Is a Record of Employment (ROE) required to be submitted to Service Canada to claim EI benefits?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

CAAT Pension Plan: Leave of Absence Purchase Option
<p>You may purchase your leave of absence period within six months of returning to work by paying both the employee and College share of the cost. A quote will be provided by Total Rewards upon your return if you choose to purchase. Payment must be made within six months, or the actuarial cost will apply.</p> <p>Please select one:</p> <p><input type="checkbox"/> I will purchase my leave of absence period</p> <p><input type="checkbox"/> I will not be purchasing my leave of absence period</p> <p><input type="checkbox"/> Not Applicable – Not enrolled in the Pension Plan</p>

Computer Purchase Program:
<p>If you participate in the Computer Purchase Program, payroll deductions will resume upon your return to work. In accordance with the Computer Purchase Program agreement, if you do not return to work at the end of your leave of absence, you will be responsible for paying the remaining balance on your computer purchase prior to the end of your leave.</p>

**Sun Life Group Benefits Coverage During Leave – Benefits Enrolled Employees Only**

**1. Coverage Maintenance:**

Please select one:

I will NOT maintain Sun Life group benefits coverage during my leave.

I will maintain ALL my current Sun Life group benefits coverage by paying both the employee and employer shares.

I will maintain the following coverage during my leave by paying both the employee and employer shares:

Extended Health Care\*

Dental Care\*

Long-Term Disability\*

Basic Life and Accidental Death and Dismemberment (AD&D)\*

Optional Life Insurance(s)

Employee Critical Illness

Spousal Critical Illness

**2. Payment Method (*applicable if you are maintaining benefits*):**

Deduct premiums from my final pay(s) before leave

Pay premiums through monthly pre-authorized debit from my bank account

**Important Notice**

If optional coverage is not maintained during your leave, only mandatory coverage (\*) will be automatically reinstated upon return to full-time employment. Reinstatement of optional coverage requires submission of a health statement application to Sun Life and is subject to approval. For assistance, please contact [Total Rewards](#).

**Signatures:**

Employee Signature:		Date:	
Manager Signature:		Date:	

If you require assistance, please contact [Total Rewards](#).