**Employee Unpaid Leave of Absence**   
**Leading to Retirement**

**NAME**

**EMPLOYEE NO:**

**DEPARTMENT:**

**REASON for Leave:**

**DATE LEAVE BEGINS:**

**DATE of RETIREMENT/DATE LEAVE ENDS:**

**VACATION:** I will be taking my vacation throughout the year  □

\*Vacation days are being applied to my leave of absence  □  
\*(Attach a memo providing details, dates/period of time   
being taken. A completed/authorized copy of your current   
attendance report must be attached)

**PENSION:** I would like to receive a quotation on the 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 cost (employee and employer) of maintaining the following benefits: (Please select the benefits you wish to maintain below and complete and authorize the enclosed Sun Life Change form.

(Monthly premium cost sheets are available on the HR website under the Benefits/Pension link)  
Basic Life/ADD  □

Long Term Disability  □

Optional Life  □

Pay-All Life (academic only) □

Additional Life (administrative only)  □

Spousal Life( support staff only)  □

Dependent Life  □

Extended Health (incl. vision & hearing) □

Dental Plan  □

a) I would like the cost of my benefits, for the leave  □  
    deducted from my last pay prior to the leave

b) I would like to have monthly pre-authorized debit  □  
    from my bank account set up to pay for benefits

(Authorization form is attached for completion)

I do not wish to continue my benefits during the leave  □

(Please complete the Sun Life Change form (available from Human Resources) and attach)

**CANADA SAVINGS BOND**

I would like the deductions taken from my last pay  □

I will include this amount with pre-authorized payment  □

I do not have a Canada Savings Bond  □

I wish to suspend Bond deductions during the leave  □

**COMPUTER PURCHASE PLAN**

I would like the deductions taken from my last pay  □

I will include this amount with pre-authorized payment  □

I do not have a computer purchase plan deduction  □

**OTHER ARRANGEMENTS TO BE MADE CONCERNING YOUR LEAVE.**

 

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**Employee Signature    Date                Supervisor Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_   
**HR Consultant    Date**

\*\*Please obtain your supervisor's approval/signature and submit this document to Human Resources at least 12 weeks prior to your leave commencing. This will ensure necessary salary, benefit and pension arrangements have been made with you prior to your leaving date.

cc: employee, supervisor, benefits officer, payroll