PREPAID LEAVE PLAN

**NOTIFICATION OF LEAVE**

**EMPLOYEE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPL. ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPT./CENTRE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Academic**

**🞎 Administrative**

**🞎 Support**

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**⮚ LEAVE ARRANGEMENTS ARE AS FOLLOWS:**

**Disbursement of PPL Monies:**

The following represents the arrangements for disbursement of PPL monies:

* 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:\_\_\_\_\_\_\_\_\_\_\_\_

Second Lump Sum payable by:\_\_\_\_\_\_\_\_\_\_\_\_ % Payable:\_\_\_\_\_\_\_\_\_\_\_\_

**Benefit/Pension Arrangements:**

It is understood that I must contact the Benefits Officer to make arrangements for any continuation of Sun Life benefits and pensionable service during the above leave of absence period. Full premiums payable shall be my responsibility.

**Period of Leave of Absence**

Leave of Absence will commence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will return to work on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE CERTIFICATION:**

I agree that my employer is not liable for, and is released from, any and all financial claims which arise, directly or indirectly, in connection with this Plan.

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Employee Signature Date

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COPIES TO: President

Dean/Leader

Benefits Officer

Payroll