

Employee Leave of Absence Form

(summer layoff)

Name: _____

Employee ID: _____

Status: Full-Time Regular Part-time Support

Department: _____

Date last worked: _____

Date leave begins: _____

Date leave ends: _____

Return to work: _____

Do you require a Record of Employment be submitted to Service Canada in order to claim EI benefits? Yes No

PENSION:

- I would like to purchase my leave of absence period within the 6 month deadline.
During an unpaid leave, you may purchase this service by paying both your share and the College share of the cost. A quote will be prepared by the Benefits Administrator and sent to you upon your return to work. The purchase must be paid within 6 months of returning from your leave or the actuarial cost will apply.
- I will not be purchasing my leave of absence period.
- N/A

SUN LIFE BENEFITS (Full-time Employees only):

- I will not be maintaining Sun Life benefit coverage during my leave.
You are required to complete a Sun Life Benefit Change Form indicating your benefit status during your leave. This form can be obtained from the Benefits Administrator. Please note only mandatory coverage will be reinstated upon return to full-time work. If you do not maintain optional coverage during your layoff period and you would like it reinstated upon your return, you will need to apply for it by submitting a health questionnaire to Sun Life (can be obtained from the benefits administrator). Sun Life has the option to decline the application.
- I would like to maintain following benefit coverage during my leave by paying the cost (employee and employer share):
 - Basic Life/Accidental Death & Dismemberment*
 - Long Term Disability*
 - Optional Life Insurance (includes Supplementary, Spousal, Dependent Life and Pay-All Insurance)
 - Extended Health including vision and hearing care*
 - Dental Care*
 - Employee Critical Illness
 - Spousal Critical Illness

Please note only mandatory coverage (*) will be reinstated upon return to full-time work.



SUN LIFE BENEFITS PAYMENT(S) FOR LEAVE PERIOD

- I would like premiums for the selected coverage to be deducted from my final pay prior to my leave period.
- Payment for the selected coverage will be made on a monthly basis through pre-authorized debit from my bank account. *(Required form to be obtained from Benefits Administrator).*

COMPUTER PURCHASE PROGRAM:

If you participate in a Computer Purchase program, deductions will begin again upon return to work.

As per the Computer Purchase program agreement, should you not return to work after your leave of absence, you are responsible to pay the balance owing on your computer purchase before the end of your leave.

Employee Signature & Date: _____
Manager Signature & Date: _____
HR Consultant & Date: _____

Please obtain your supervisor's approval/signature and submit this document to your HR Consultant at least 6 weeks prior to your leave commencing. This will ensure the necessary salary, benefit and pension arrangements have been made with you prior to your leave commencing.

If you require assistance completing this form or have any questions, please contact the Benefits Administrator at extension 1330.