

Employee Leave of Absence Form (unpaid leave)

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

COMPUTER PURCHASE PLAN:

- I participate in the computer purchase plan and will make arrangements to continue payments through monthly bank withdrawals (*form to be obtained from the Benefits Administrator*).
- I participate in the computer purchase plan and would like payments for the duration of the leave period to be deducted from my final pay prior to my leave.
- I do not participate in the computer purchase plan.

SUN LIFE BENEFITS (Full-Time Employees Only):

- I would like to maintain my benefit coverage during my leave (please see reverse to select coverage you would like to maintain).
- 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.

**SUN LIFE BENEFITS COVERAGE TO BE MAINTAINED DURING MY LEAVE PERIOD
(Full-Time Employees Only):**

- Basic Life and Accidental Death & Dismemberment*
- Long Term Disability*
- Optional Life Insurance (includes Supplementary, Spousal, Dependent Life and Pay-All Insurance)
- Extended Health Care including Vision and Hearing Care*
- Dental Care*
- Employee Critical Illness
- Spousal Critical Illness

(= mandatory coverage)*

Please note only mandatory coverage will be reinstated upon return to full-timework. 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.

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).*

Employee Signature & Date: _____
Manager Signature & Date: _____
VP Academic Signature & Date*: _____
HR Consultant Signature & Date: _____

** For academic leaves only*

Please ensure you and your Manager/Leader sign this form. Once all parties have approved and signed this document, the original must be submitted to your Human Resources Consultant at least 12 weeks prior to the commencement of your leave. This will ensure appropriate back-fill is in place, required salary changes, and benefit and pension processing have been made with you prior to your leaving date.