REQUEST FOR RELOCATION LEAVE

SECTION A - EMPLOYEE

Name and full address:	Division/Location:	Full-time ☐ Part-time ☐
	Employee No.:	
Position :	Dates: From: To:	

By submitting a request for relocation leave, I acknowledge and understand that:

- I am voluntarily giving up the rights to my substantive position effective the first day of my relocation leave.
- My relocation leave will automatically end effective the day before starting work in my new position should I receive and accept an offer of NPF employment at my new location.
- If I am not successful in obtaining NPF employment at my new location, I will be deemed to have voluntarily resigned from NPF employment effective the last day of my relocation leave.
- If I obtain employment with another employer, I will be deemed to have voluntarily resigned from NPF employment effective the day prior to commencing employment with my new employer.

_____ _____
Employee Signature Date

SECTION B – EMPLOYEE

GROUP BENEFITS/PENSION COVERAGE ELECTION

Group Benefits(1)(2)	Continue	☐	Cancel	☐	Not Applicable	☐
Pension(2)	Continue	☐	Cancel	☐	Not Applicable	☐

(1) An employee residing in the province of Quebec may cancel his/her group benefits coverage. The employee will be required to keep his/her health coverage unless he/she provides proof of alternate coverage as mandated by the Régie de l'assurance maladie du Québec.
(2) An employee may continue group benefits and/or pension coverage provided that he/she pays both the Employer's and his/her share of contributions.

OTHER PAYROLL DEDUCTIONS

Canada Savings Bonds(1)	Continue	☐	Suspend ☐	Not Applicable	☐
CFPFSS Payment(2)	Continue	☐		Not Applicable	☐
Other – Provincial Health Care(3)	Continue	☐		Not Applicable	☐

(1) Payments may be suspended while on relocation leave
(2) Employee must make alternate arrangements with the local Accounting Office
(3) Employees residing in the province of British Columbia are responsible for remitting full premiums directly to the provincial authority.

I acknowledge and understand that I am liable for the payment of benefits, pension and/or other payroll deductions.

_____ _____
Employee signature Date

SECTION C – MANAGER

☐ This request meets the requirements of HRPOL and is approved

☐ This request is denied for the following reasons:

☐ Proof of the spouse's relocation/posting/transfer has been provided.

☐ Employee has provided current contact information.

_____ _____
Manager's Signature Date