

## REQUEST FOR LEAVE WITHOUT PAY

### SECTION A - EMPLOYEE

<b>SECTION A - EMPLOYEE</b>	
Name:	Division/Location:
	Employee No.:
Position :	Dates: From:                      To:
By submitting a request for leave without pay, I acknowledge and understand that:	
<ul style="list-style-type: none"><li>• I will not accrue length of service and will not be entitled to any provisions of HRPOL;</li><li>• I shall be reinstated into the position occupied at the time the leave commenced or in a similar position at the then prevailing rate of pay unless other arrangements have been agreed upon by all parties concerned;</li><li>• If I fail to provide notice and/or fail to return to work on the expiry date of the leave without pay, I will be considered to have voluntarily terminated my employment.</li></ul>	
I choose to provide reasons for requesting a leave without pay (optional):	
_____	_____
Employee Signature	Date

### SECTION B - EMPLOYEE

#### GROUP BENEFITS/PENSION (for leave of absences exceeding two weeks)

<b>SECTION B - EMPLOYEE</b>			
<b>GROUP BENEFITS/PENSION (for leave of absences exceeding two weeks)</b>			
Group Benefits <sup>(1)(2)</sup>	Continue <input type="checkbox"/>	Cancel <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Pension <sup>(2)</sup>	Continue <input type="checkbox"/>	Cancel <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<p>(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.</p> <p>(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.</p>			
<b>OTHER PAYROLL DEDUCTIONS</b>			
Canada Savings Bonds <sup>(1)</sup>	Continue <input type="checkbox"/>	Suspend <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
CFPFSS Payment <sup>(2)</sup>	Continue <input type="checkbox"/>		Not Applicable <input type="checkbox"/>
Other – Parking <sup>(3)</sup>	Continue <input type="checkbox"/>		Not Applicable <input type="checkbox"/>
Other – Public Transit <sup>(4)</sup>	Continue <input type="checkbox"/>	Suspend <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Other – Provincial Health Care <sup>(5)</sup>	Continue <input type="checkbox"/>		Not Applicable <input type="checkbox"/>
<p>(1) Payments may be suspended while on leave without pay.</p> <p>(2) Employee must make alternate arrangements with the local Accounting Office.</p> <p>(3) Payment must be continued unless alternate arrangements are made.</p> <p>(4) Public transit passes paid through the Employer (i.e. ECOPASS) may be suspended while on leave without pay. Employee is responsible to continue to pay the deduction while on leave without pay or return public transit passes to HR Office for cancellation.</p> <p>(5) Employees residing in the province of British Columbia are responsible to remitting full premiums directly to the provincial authority.</p>			
I acknowledge and understand that I am liable for benefits and/or pension as well as other payroll deductions			
_____	_____	_____	_____
Employee Signature	Date	Date	Date

### SECTION C - MANAGER

<b>SECTION C - MANAGER</b>	
<input type="checkbox"/> Employee has used up all vacation leave credits.	
<input type="checkbox"/> This request is approved <input type="checkbox"/> This request is denied for the following reasons:	
_____	_____
Manager Signature	Date