

APPROVED LEAVE OF ABSENCE

MEMBER INFORMATION

Social Insurance Number:

Last Name:

First Name & Initial:

Email:

BEGINNING LEAVE OF ABSENCE

The member named above will begin a period of approved leave of absence (please indicate type of leave).

Maternity/parental/adoption Unpaid sick Disability

Other:

Last Day Worked:

End Date of Final Contribution:

Date (dd/mmm/yyyy)

I certify the above to be true and correct.

Signature of Representative

Date (dd/mmm/yyyy)

EMPLOYER REPRESENTATIVE - provided the calculations

Name (please print):

Signature:

- 1. When an employee begins** an approved leave of absence, the employer must complete the Member Information and Beginning Leave of Absence sections.
- 2. Forward an electronic copy** to Plannera and keep the original.
- 3. When the employee returns** to work the employer must complete the Returning from Leave of Absence section on the form and forward an electronic copy to HRSC.
- 4. HRSC to complete** the Employer Representative section and forward an electronic copy to Plannera and the Employee.
- 5. The employee to complete** the Employee section and sends a copy to HRSC and Plannera.



RETURNING FROM LEAVE OF ABSENCE

Date Returned to Work:

Start Date of First Contribution:

Date (dd/mmm/yyyy)

I certify the above to be true and correct.

Signature of Representative

Date (dd/mmm/yyyy)

Work Phone Number:

Date (dd/mmm/yyyy):

To be completed by the Employee (please print)

I elect to contribute the total contributions.

I choose the following payment option:

payroll deduction

as a lump sum - all off one paycheque

over the equal amount of months of leave

personal cheque payable to the Judges Pension Plan submitted to your employer

transfer from a Registered Retirement Savings Plan (RRSP). Attach a completed Canada Revenue Agency (CRA) T2033 form.

I elect not to contribute for my period of leave.

By electing not to contribute, I acknowledge and understand that:

- I, on behalf of myself, heirs and executors, relinquish the right to contribute for the period of leave of absence and release my employer from any obligation to contribute to the plan on my behalf, with respect to the period of leave of absence.

- My pensionable service will not reflect the period for the leave of absence.

This election cannot be revoked.

Signature of Employee

Date (dd/mmm/yyyy)