

# LEAVE OF ABSENCE / COVID-19-RELATED LEAVE FORM

## UFCW LOCAL 401 DENTAL CARE PLAN

**YOUR COMPLETED FORM MUST BE RECEIVED BY THE ADMINISTRATOR WITHIN 12 WEEKS OF THE DATE YOUR ABSENCE COMMENCED**

### Please Print:

Employee First Name

Employee Last Name

SIN or Certificate Number.

Complete Mailing Address

City

Province

Postal Code

Phone Number

Date Your Absence Commenced \_\_\_\_\_ Expected Date of Return \_\_\_\_\_

### To Be Completed By The Manager/Supervisor:

Company

Store Number, Store Name, or Geographic Location

Employee's Position/Department

### The Employee named above was/is absent from work for the following reason(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Covid-19 Related Absence*   | <input type="checkbox"/> Vacation                        |
| <input type="checkbox"/> Occupational Illness/injury   | <input type="checkbox"/> Non-Occupational Illness/injury |
| <input type="checkbox"/> Maternity/Parental Leave (Child's Date of Birth or adoption) _____<br><i>A copy of the child's birth certificate must accompany this Form</i> |  |
| <input type="checkbox"/> Compassionate or other Leave (please specify) _____   |  |

Name of Manager/Supervisor

Telephone Contact Number

Manager/Supervisor's Signature

Date Signed

\*For more information about the **Canada Recovery Sickness Benefit**, **Canada Recovery Caregiving Benefit**, or other COVID-19 government sponsored programs, please go to: <https://www.canada.ca/en/department-finance/economic-response-plan.html>

NOTE – Please provide documentation if your doctor recommends a return-to-work/modified duties plan resulting in worked hours below the minimum number required to qualify for the Plan. That will ensure your benefits do not lapse while on modified duties.

**RETURN YOUR COMPLETED FORM TO: PBAS (THE ADMINISTRATOR)**  
**SUITE 101, 46 HOPEWELL WAY NE**  
**CALGARY, ALBERTA T3J 5H7**  
**Toll-free: 1-866-961-6147 Email: [calgary@pbas.ca](mailto:calgary@pbas.ca)**  
**Fax: 1-403-250-9236**

### To Be Signed By The Employee:

I hereby certify that the above information is true, correct and complete, and I have not engaged in any occupation or employment since my absence commenced.

Date Signed

Employee Signature