

LEAVE OF ABSENCE FORM

UFCW - BUFFALO CATERING EMPLOYEE BENEFIT TRUST FUND (ALBERTA)

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/

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"/> Compassionate |
| <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) _____ | |
| <i>A copy of the child's birth certificate must accompany this Form</i> | |
| <input type="checkbox"/> Other - 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: THE PBAS GROUP
SUITE 101, 46 HOPEWELL WAY NE
CALGARY, ALBERTA T3J 5H7
Toll-free: 1-866-544-9686 Email: 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