

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

**UFCW - CANADA SAFEWAY LIMITED PART-TIME 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/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: 1-866-544-9686 Email: [ufcwsafewayptbenefits@pbas.ca](mailto:ufcwsafewayptbenefits@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