

LEAVE OF ABSENCE FORM

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):

- Vacation
- Occupational Illness/injury
- Non-Occupational Illness/injury
- Maternity/Parental Leave (Child's Date of Birth or adoption) _____
A copy of the child's birth certificate must accompany this Form
- Compassionate or other Leave (please specify) _____

Name of Manager/Supervisor

Telephone Contact Number

Manager/Supervisor's Signature

Date Signed

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
Tel: 1-403-250-3534 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