

Work Absence Form

PSSP

Liquor Board

PCSP

SECTION A: MEMBER INFORMATION (Please print)

Social Insurance Number	Last Name	First Name and Initial	
Mailing Address	City	Province	Postal Code
Birthdate (day/month/year)	Phone Number(s) Home Business	E-mail Address	

SECTION B: TO BE COMPLETED BY THE MEMBER

I understand that while I am absent from work I will be required to make contributions to the Plan. I wish to have contributions for the period of my leave made with the following payment option:

Lump-sum payment when I return to work;

Increased monthly deductions upon my return to work (subject to *Income Tax Act* restrictions); or

Contribute on a current basis during my period of leave.

All contributions for periods of leave must be made before you can begin your pension.

Signature of Member

Date (day/month/year)

SECTION B: TO BE COMPLETED BY THE EMPLOYER

Reason for Absence:

Disability

Parental Leave

Leave of Absence

Variable Hours

Job Share

Date Absence Begins (day/month/year)	Date Absence Ends (day/month/year)		
Salary/Rate of Pay when Absence Begins	Last Day of Pay in Full-Time Position (day/month/year)		
Department	Department Contact		
Contact's Phone Number	Contact's E-mail Address		
Department Address	City	Province	Postal Code
Signature of Employer	Date (day/month/year)		