

Leave of Absence Request

This form is to be completed by the employee to request a leave of absence.

Leaves of absence will only be granted if the employee meets the requirements for leave as described in the applicable collective agreement, Management Administration Guidelines, or Leaves of Absence Administrative Directive.

Employee Name: _____ Employee ID/PR#: _____
Department: _____ Branch: _____ Section: _____
Position Title: _____ Union: _____

Leave requested from: _____ to: _____

Indicate type of leave requested:

- Maternity/Parental Leave
- Adoption Leave
- Self Funded Leave
- Annual Funded Leave (*Pages 2 & 3 are not required*)
- Military Leave with Pay (*Pages 2 & 3 are not required*)
- Leave without Pay

Indicate reason for leave:

Employee Signature: _____ Date: _____

**It is the Supervisor's responsibility to notify the Employee Service Centre of the return to work.
Failure to do so may result in a delay of the employee's pay cheque.**

Supervisor Signature: _____ Date: _____

Branch Manager Signature: _____ Date: _____

Submit **all three pages** of this completed form to:
Employee Service Centre, Edmonton
City Centre West, Suite 300D, 10200 102 Ave NW
Edmonton, AB T5J 4B7
Fax: 780-496-8329 Scan & Email: employeeservicecentre@edmonton.ca

This information is being collected under the authority of Section 33c of the Freedom of Information and Protection of Privacy Act and will be used in the City of Edmonton's Human Resources programs such as benefit coverage, compensation and education form employees, their eligible spouses and dependents. If you have any questions about the collection of this information, please contact Human Resources at 780-944-4311.

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Benefit Coverage Request- Leave of Absence without Pay

This form is used by the employee to indicate whether they wish to maintain or decline benefit coverage during a Leave of Absence without Pay.

If an employee does not undertake either Option 1 or Option 2 above, for all benefit plan purposes, they will be deemed to have selected Option 2 and be bound by the conditions contained herein.

Should the employee wish to opt out of benefit coverage due to coverage elsewhere, he/she must contact the Employee Service Centre prior to the start of the leave.

This form should be submitted with the Leave of Absence Request form and the LAPP Pension Terms & Conditions Acknowledgement form (if applicable).

Employee Name: _____ Employee ID/PR#: _____

Choose one of the following options for benefit coverage:

Option 1:

- I wish to maintain benefit coverage for the term of leave. I understand that I am responsible for both of the employee and employer share of premiums for applicable plans. I also understand that arrangements to pay these premiums must be made prior to the commencement of the leave; failure to do so will result in the denial of benefit coverage during the leave (unless leave is granted by reason of illness or sickness). **NOTE: Employees wishing to maintain benefit coverage during a Leave of Absence are required to continue ALL PLANS of which the employee was a member of immediately prior to the commencement of leave.**

Option 2:

- I wish to decline benefit coverage during the term of leave only. All benefits will automatically be reinstated upon my return to work. I understand that during the 1st twelve months after my return to work, dental coverage will be limited to basic services only (Type A). I also understand that Short and Long-Term Disability coverage (if applicable) will not be in effect until I return to work for ten (10) consecutive working days following the period of the leave.

Employee Signature: _____ Date: _____

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LAPP Pension Terms & Conditions Acknowledgment

This form is used by an employee to acknowledge that he/she understands the Local Authorities Pension Plan terms and conditions that will apply to an employee while on a Leave of Absence without Pay.

Employee Name: _____ Employee ID/PR#: _____

The following terms and conditions apply with regard to a Leave of Absence without Pay under the Local Authorities Pension Plan:

Pension contributions cannot be made during a Leave of Absence without Pay.

The leave period may be purchased upon your return to work. You must submit written application to the Human Resources Branch, Employee Service Centre by April 30 of the year following the year in which the leave terminates. (For example, if the leave terminates on January 31, 2002, the employee must apply to purchase the leave by April 30, 2003).

If you miss the application deadline or fail to submit payment within the required time limit, you will forever lose the right to buy the leave period.

Alberta Pensions Services Corporation will advise you of the cost of purchasing the leave period. You will be required to arrange payment through one of the following methods:

- I. Lump Sum payment: (this method **MUST** be chosen if the total cost of purchasing the leave is \$500.00 or less);
- II. Biweekly installment payments
- III. Annual installment payments

Contributions on prior service must be paid, in full, before your date of retirement.

You are limited to purchasing, as pensionable service, a maximum of five (5) years Leave of Absence without Pay and an additional three (3) years Parenting Leave in your career. The City of Edmonton pays the employer portion of required contributions for a maximum of one year of service. You are responsible for both employee and employer contributions for any leave periods purchased in excess of one year.

I acknowledge having read and confirm my understanding of the above listed terms and conditions.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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