

## Request for Leave of Absence for Benefits

### Form Instructions

1. Complete this form for **ALL** leaves greater than 14 days.
2. Click the Submit button at the bottom of the page to submit the form to Benefit Support. This will create a new email to your benefit support in your SDO area.
3. **DO NOT** change the email subject line. Doing this will result in a delay responding to your request.
4. Send email.  
**Important-** In the Last day worked field, enter the employees *last day physically worked*. In the last day paid field, enter the last day paid for the employee's time coded (such as regular, sick time, vacation, etc). This may not always be the same as the last day worked.

### Employee Information

Facility/Site Name

Employee Name

Employee Number

Position ID Number

Employee Sin Number

Date of Birth

Employee/Participation Group



Comments

Employee Phone Number

Employee Email Address

Employee Job Title

Employment Type

Employment Sub Type

Hourly Rate



Position FTE



Reason for Leave

Last Day Worked

Last Day Paid

Unpaid Leave Start Date

Leave End Date

Comments