

General Leave of Absence Without Pay Approval Acknowledgement Letter (over 30 Days, full-time employee)

Date

Name  
Address

Dear \_\_\_\_\_:

Your request for a general leave of absence without pay has been approved from **Effective Date** to **End Date** by **Name** or **Position**

Should you wish to return to work at an earlier date, you are required to provide me with a written request of your intention to return to work at least **(number of days)** days in advance of your return date.

Please be aware of the following:

- **(Delete if employee is not PEA or BCGEU)** As per Article **(if BCGEU enter 11.3; if PEA enter 11.03)** of the Main Agreement, if the leave exceeds 30 days, seniority does not accrue for the entire period of the leave.
- You are not entitled to statutory holiday pay during the leave.
- You will only accrue vacation for months in which you work a minimum of 70 hours.
- Salary increments, if applicable, may be deferred or postponed. If the leave exceeds 30 consecutive calendar days and 30 or more days of the leave are taken prior to the salary increment date, the increment date will be postponed by the period of the leave of absence. This deferred date will become your new anniversary date for salary increment increases.
- If you wish to maintain your benefit plan coverage (extended health, dental, group life insurance and Long Term Disability) submit the Option to Continue Employee Benefits While on Leave form through an AskMyHR Online Service Request. You will be contacted with the costs and your options for payment. When you return to work, contact MyHR (1-877-277-0772) to check on the status of your benefits coverage. If your leave is longer than 90 days and you have not elected to maintain your benefit coverage, you will have to re-apply for coverage when you return to work.



- You will not be eligible for sick leave and related disability benefits (short term illness and injury plan or long term disability) since you are already on a leave.
- Pension contributions cannot be made while you are on leave without pay, but after returning to work you can purchase pensionable service for the time you were away.

Please review these conditions carefully to ensure you fully understand the implications of each one. If you accept all of the terms and conditions contained herein, please sign and return this letter to me.

If you have any questions, please call \_\_\_\_\_ at \_\_\_\_\_.

Yours truly,

Name  
Position

### **Employee Acknowledgment and Acceptance**

I, \_\_\_\_\_, hereby accept the terms of the agreement set forth in this letter with the complete knowledge and understanding of the terms and agree to abide by them for the full term of the leave period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Scan and submit a copy through AskMyHR)

