



**LEAVE OF ABSENCE INFORMATION**  
**(TO BE COMPLETED BY THE EMPLOYER)**

<b>EMPLOYEE INFORMATION</b>	Employee Name	SIN
	Indicate Paid Leave <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Leave of Absence MM / DD / YYYY
	Type of Leave (Required)	Date of Return MM / DD / YYYY
<b>PENSIONABLE EARNINGS</b>	<b>Pensionable earnings for the last four weeks preceding date of leave of absence by week:</b> <i>(Not required for Maternity/Paternity/parental unless in PEI)</i>	
	Week 1	Week 2
	Week 3	Week 4
<b>AUTHORIZATION AND SIGNATURE</b>	Employer's Name: _____	
	Authorized Signature of Employer: _____	
	Print Name & Title: _____	
	Date: _____	