

**APPLICATION FOR LEAVE OF ABSENCE
VIA TEMPORARY REDUCTION IN HOURS**

1. Application

Last Name	First Name	Initial
Address		
		Postal Code
Department	Division	Section
Classification/Working Title		Position Number
Employee Number		Phone # (work)

2. Dates

Contract Period (includes period worked and leave of absence):

FROM (mm / dd / yy) _____ / _____ / _____ TO (mm / dd / yy) _____ / _____ / _____

The employee's hours of work will be reduced from the normal hours worked. Specifically, during this period, the employee will work:

i) Part Day/Week Option

_____ percent of each pay period for the period of the agreement.

or

ii) Part Year Option

Work period(s) (ie normal work hours) _____

Leave of absence **without** pay from (mm / dd / yy) _____ / _____ / _____ to _____ / _____ / _____

Note: Hours Worked must be a minimum of 50% of regular full-time hours for the position.

3. Reason for request

4. Superannuation

Pursuant to section 7(2)b of the Civil Service Superannuation Act R.S.P.E.I. 1988, Cap C-9, a full-time employee participating in this program may opt to have the amount of contributions calculated by reference to the salary the employee would have received if the employee were not participating in this program.

An employee considering joining this program should be aware of the two (2) pension options available.

Option 1: Pay pension contribution on the full salary applicable to the employee over the contract period.

Option 2: Pay pension contributions on actual salary received during the contract period.

Implications: In Option 1, the employee will have pension credit equivalent to the employee's normal hours for his/her position at the end of the contract period.

In Option 2, the employee will only have pension credit for the reduced time period actually worked during the contract period.

Note: If the employee will be on leave of absence without pay and he/she chooses to pay pension on 100% salary, upon return to work payment of pension contributions relating to the leave of absence shall be made by lump sum payment or by payroll deductions over the same period as the leave.

I hereby select Option # _____ regarding superannuation benefits.

Employee's signature

5. Terms of participation in this program:

- a. The salary to be paid to the applicant during the contract period shall be their salary earned during the work period.
- b. AD&D, Life Insurance and LTD coverage and premiums will be based on the actual salary received during the contract period.
- c. CPP and UI premiums are to be based on my actual salary received during the contract period.
- d. Superannuation contributions are to be deducted in accordance with option selected in Section 4.
- e. During the contract period, vacation and sick leave will be earned and expended on a pro rata basis.
- f. Withdrawal from the program or any revisions desired will be requested in writing to the Employing Authority.

Date

Employee

I hereby agree to this employee's application.

Date

Supervisor / Manager

Date

Human Resource Manager

Date

Director / Deputy Minister

To Be Completed by the Department:

Is this employee's position to be backfilled? Yes No