

# UNPAID LEAVE OF ABSENCE REQUEST FORM

## LONG (More than one month)



I, \_\_\_\_\_ request an unpaid leave of absence from my position of \_\_\_\_\_ at the University of the Fraser Valley. The following are the details of this leave:

### Duration: (please provide exact dates)

From: \_\_\_\_\_ To: \_\_\_\_\_

### Reason(s) for Leave:

### BENEFITS:

Unless you elect personally to pay the costs of continuation of coverage of all benefits (note that continuation will be provided as available from the carrier), you will be terminated from them (Extended Health, Dental, Life Insurance, AD&D, and Long Term Disability) on the first of the month following one month from the date of your leave commencement. If you do not maintain your benefits and you become disabled during your absence, you will not have access to LTD coverage for this disability through the University plan at any time. Once you return to active duty at the end of your unpaid leave your disability coverage resumes; however you remain ineligible for coverage for any disability originating during the period of your leave.

I elect to terminate my coverage for benefits ☐  
or

I request continuation of coverage through personal payment of premiums ☐

If you choose to continue your benefit coverage during your leave, please contact a member of our HR Compensation & Benefits team at [HRComp.ben@ufv.ca](mailto:HRComp.ben@ufv.ca) to make arrangements for payment which must be received in advance of the start of your leave.

### NOTE:

Please be aware that during the term of this leave of absence, you will maintain but not accrue seniority and vacation. Your development & training allowance, health spending account and professional development funding will all be pro-rated during the term of this leave. This leave may affect your probationary period (if not yet completed) and your sabbatical/educational leave eligibility dates.

Employee's Signature: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Dean's/VP's Signature \_\_\_\_\_

<b>HUMAN RESOURCES USE ONLY</b>
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Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Letter Sent to Employee: (copies to supervisor, appropriate administrator, and administrative areas)

Initials: \_\_\_\_\_ Date: \_\_\_\_\_