



Layoff/Approved Leave of Absence

- When an employee begins an approved leave of absence or temporary layoff (the employee is expected to return to work on a specific date or is on a recall list), complete Sections 1 and 2.
- Forward a copy to MEPP and keep the original on file.
- When the employee returns to work, complete Section 3 of the original kept on file and forward to MEPP.

SECTION 1: MEMBER AND EMPLOYER INFORMATION (Please print)		
Social Insurance Number	Last Name	First Name and Initial
Employer Name		Employer Number
SECTION 2: BEGINNING LAYOFF/LEAVE OF ABSENCE		
The member named above will begin a period of		
<input type="checkbox"/> Layoff <input type="checkbox"/> Approved leave of absence (please indicate type of leave) <ul style="list-style-type: none"> <input type="checkbox"/> Maternity/parental/adoption leave <input type="checkbox"/> Unpaid sick leave <input type="checkbox"/> Disability leave while also receiving (check below if applicable) <ul style="list-style-type: none"> <input type="checkbox"/> Long-term disability benefits <input type="checkbox"/> Workers' Compensation benefits <input type="checkbox"/> Other: _____ 		
Last Day Worked (day/month/year)		Pay Period End Date of Final Contribution (day/month/year)
Employer Representative (Please print)		E-mail Address
I certify the above information to be correct.		
_____ Signature of Employer Representative		_____ Date (day/month/year)
SECTION 3: RETURNING FROM LAYOFF/LEAVE OF ABSENCE		
Date Returned to Work (day/month/year)		Pay Period Start Date of First Contribution (day/month/year)
Employer Representative (Please print)		E-mail Address
I certify the above information to be correct.		
_____ Signature of Employer Representative		_____ Date (day/month/year)