

**Health and Well-Being** / Pay and Incentives / Pension / Benefits

*Please complete and return form to:*  
**AccessHR**  
**B125-2701 Riverside Dr.**  
**Ottawa, ON, K1A 0B1**

**Work Options Program**  
**APPLICATION FORM 1**  
(FOR ALL OPTIONS EXCLUDING SELF-FUNDED LEAVE)  
PLEASE PRINT

**General Information:**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Work Location/Station/Suite #: \_\_\_\_\_ Work Tel. #: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

(Responsible Management Level/Director or above)

Work Location/Station/Suite #: \_\_\_\_\_

**Employee Proposal:**

(Please refer to the [Information on the Employee Proposal](#) section of the website for information on how to complete this section).

**Anticipated Impact Of New Arrangements On:**

**Customer Service**

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**Your Unit**

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**I have read and I understand the description and all the additional information contained in the Work Options Program Employee Information Booklet.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I WISH TO APPLY FOR THE FOLLOWING OPTION:  
CHECK APPROPRIATE BOX**

**Reduced Work Schedule**

Option Requested (check one):

- 1 day off every week
- 1 day off every two weeks

Projected Start Date: \_\_\_\_\_

Other Option (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration \_\_\_\_ months

**Leave Of Nineteen Days Or Less**

From \_\_\_\_\_ To \_\_\_\_\_ # of Days \_\_\_\_\_

Request to pro-rate:

- Yes
- No

Number of pay periods to pro-rate: \_\_\_\_\_ (maximum 13 pay periods)

**Seasonal Leave - Income Averaging (Min. 20/Max. 60 Working Days)**

Number of working days \_\_\_\_\_

Block 1

Projected Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Block 2

Projected Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Leave To Work For A Recognized Non-Profit Organization**

Annual Allowance Requested \_\_\_\_\_% Duration of Leave \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Education Leave**

Annual Allowance Requested \_\_\_\_\_%

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Phased Retirement Leave**

**FOR ACCESSHR USE ONLY**

Start Date of RWS:

\_\_\_\_\_

Annual Allowance:

\_\_\_\_\_

Gross Amount to Pay:

\$ \_\_\_\_\_

Annual Allowance:

\_\_\_\_\_

Gross Amount to Pay:

\$ \_\_\_\_\_

Sept: \$ \_\_\_\_\_

Jan: \$ \_\_\_\_\_

Approval of Application: Yes \_\_\_\_\_ No \_\_\_\_\_

Reply to Employee Proposal:

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\_\_\_\_\_  
Signature of Responsible Management Level (Director and above)

\_\_\_\_\_  
Date