

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 3
 (CONTINUATION OF THE SPECIAL EDUCATION LEAVE)
 PLEASE PRINT**

To Be Completed By The Employee:

Surname: _____ Given Name: _____ Employee ID#: _____
 Work Location/Station/Suite #: _____ Work Tel. #: _____

Education Program

Course of study _____

Name of school or university _____

Commencement of academic school year (check appropriate box):

- Second Year
- Third Year
- Fourth Year

Number of courses to be taken per semester:

First semester: _____

Second semester: _____

I have read and I understand the description and all the additional information contained in the Work Options Program

Employee Signature: _____ Date: _____

To Be Completed By AccessHR:

Annual Allowance (check appropriate box):

- 25%
- 12%
- 18%
- 6%

Gross amount to pay:

Sept. _____: \$ _____
 (year)

Jan. _____: \$ _____
 (year)

 Name of AccessHR Representative

 Date