

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 2
(FOR SELF-FUNDED LEAVE OPTION ONLY)
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 for information on how to complete this section).

**Anticipated Impact Of New Arrangements On:
Customer Service**

Your Unit

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: _____

