

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 OTPION ONLY) Please Print

General Information:			
Surname:	Given Name:	Employee ID#:	
Work Location/Station/Suite #:		Work Tel. #:	
Name: (Responsible Management Level/Di	irector or above)	Tel. #:	
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:	

To Be Completed By The Employee:				
I wish to apply for the Self-Funded Leave Option				
Regular Pay to be deferred:	_ %			
• Leave start date:	Duration:			
Alterna Savings Membership Number: (if already a member)				
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:			
To Be Completed By the Responsible Management Level:				
Approval of Application: Yes No				
Reply to Employee Proposal:				
Signature of Responsible Management Level (Director or above)	Date			
To Be Completed By AccessHR:				
	End Date:			
Dollar amount of deductions: \$				
Name of AccessHR Representative	Telephone			