

Notice of Unpaid Leave of Absence

OPSEU Pension Trust 1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7
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THIS FORM IS TO BE COMPLETED BY EMPLOYERS

Employers must complete this form and submit it to OPTrust for each leave of absence without pay greater than one month in duration. Please read the Instructions on the reverse before completing this form.

MEMBER INFORMATION

Last Name	First Name and Initials	Employee ID or OPTrust ID
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%; text-align: center;" type="text"/>

LEAVE TYPE

ESA LEAVES Pregnancy / Parental Family Medical / Caregiver Other ESA:
See reverse for other ESA leave types.

OTHER LEAVES Illness WSIB Special / Educational

Note: Contribution costs for all leaves except Special/Educational are shared between members and employers. Contribution costs for Special/Educational leaves are paid by members only.

PERIOD OF LEAVE

FULL LEAVE PERIOD Start Date (DD/MM/YYYY) End Date (DD/MM/YYYY)

SUPPLEMENTARY UNEMPLOYMENT BENEFITS (SUB) ALLOWANCE

Has member authorized the deduction of contributions from their Supplementary Unemployment Benefits (SUB) allowance?

Yes If yes, enter dates. Start Date (DD/MM/YYYY) End Date (DD/MM/YYYY)

No

Under the *Employment Standards Act (ESA)*, members of a pension plan who are absent from work on a statutory leave must continue to participate in the pension plan unless they elect in writing not to contribute.

If a member does not make a written election and/or does not pay the pension contributions for the leave period, the member and the employer are each responsible for paying their share of the contributions for the leave and the required contributions and applicable interest must be deducted from the member's pay upon their return to work.

EMPLOYER INFORMATION

Employer Contact Name	Employer / Ministry
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email Address	Telephone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%; text-align: center;" type="text"/>
Signature	Submission Date (DD/MM/YYYY)
<input style="width: 95%; border: 1px dashed gray;" type="text"/>	<input style="width: 95%; text-align: center;" type="text"/>

INSTRUCTIONS

Employers are required to use this form to notify OPTrust of a member's unpaid leave of absence greater than one month in duration. Please complete a new form for each period and type of leave the member is taking. Submit the form(s) to OPTrust via the [OPTrust online portal](#).

Leave Type

Check the appropriate box to indicate the type of leave the member is taking.

ESA Leaves refer to statutory leave periods which fall under the *Employment Standards Act* (ESA). This includes the more frequent leave types itemized on the front page of this form and the following "Other ESA" leave types:

- Critically Ill Child Care Leave
- Child Death Leave
- Critical Illness Leave
- Crime-Related Child Disappearance Leave
- Domestic or Sexual Violence Leave
- Emergency Leave, Declared Emergencies
- Organ Donor Leave

Where applicable, enter the appropriate ESA leave type in the Other ESA box.

Other Leaves refer to non-statutory leaves of absence which are approved by an employer. A member's participation in the pension plan during approved leave periods is optional. OPTrust will contact the member directly regarding contribution costs and payment options. If the member elects to contribute for an Illness or WSIB leave, the employer is required to pay the employer's share of contributions relating to that leave. If the member elects to contribute for a Special/Educational leave, the employer is not required to contribute.

Period of Leave

The **Start Date** is the calendar day on which the actual leave period begins and following the last day for which pension contributions in respect of service before the leave are remitted to the Plan. For example, if a member's last day of work is a Friday, but pension contributions are remitted to the Plan in respect of service up to and including the Sunday, the leave Start Date would be the following Monday.

The **End Date** is the calendar day immediately preceding the day the member returns to work. For example, if a member returns to work on a Monday, the End Date of the leave is the Sunday. If you do not know the End Date, leave it blank.

If the duration of the leave changes, you may revise the End date and resubmit this form to OPTrust or complete a new 1025ER. If the member decides to take an additional leave of a different type, you must complete a new 1025ER.

Supplementary Unemployment Benefits (SUB) Allowance Information

Where applicable, please enter the dates of the period during which the member has authorized you to deduct pension contributions from their SUB allowance.

Employer Information Section

Please PRINT your name clearly and provide a phone number and an email address where you can be contacted directly. **You must sign and date this form.**

Do NOT Complete This Form If Contributions are Mandatory. This includes:

- short term sick leave and WSIB leaves when the employer pays the member's salary
- paid leaves of absence (e.g. salary deferral leaves)
- unpaid leaves of less than one month
- periods of disability when the member qualifies for a benefit under a Long Term Income Protection plan

Do NOT Complete This Form if the Leave Period is not Pensionable. This includes:

- any leave period which is not authorized (e.g. periods of suspension without pay)
- lay-off periods
- seasonal non-employment periods