

Personal Information

Please provide all information requested in Part 1.

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Leaves of Absence

The employer must explicitly indicate to the Plan if a member had an authorized leave of absence during the unclassified period.



Statutory Holidays

Members are eligible to purchase credit for statutory holidays occurring during their period of unclassified service. Please indicate the total number of statutory holidays during each period of service.



OPTRUST1035 (03/04)

Fiducie du régime de retraite du SEFPO

Mail to:

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Employment Information

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1. Personal Information							
Members D0	Last Name	First Name	Init	ials Social Insurance	Number 54 321	Ministry, Agency, Board, Commission Your Ministry	
Note: an employee can purchase leaves of absence during unclassified employment if the employer explicitly informs us it is authorized. Member's Regular Full-time Hours of Work (Full-time equivalent if RPT) 40 Hrs 36 1/4 Hrs RPT Ratio Other							
Calendar Year	Per From MM DD (Report information	To MM DD	Salary Rate (hrly/wkly/yrly)	Actual Time Worked In Hours (Excluding Overtime)	Number of paid statutory holidays during the period	Use this area to list all authorized leaves (Please provide leave start & end dates also type, e.g. parental.)	
1988	05 / 01	06 30	14.70	334	1		
1988	07 / 01	12/31	15.01 hr	1008	7		
1929	01 / 01	06/30	15.75 hr	992	4		
1989	07 / 01	12 / 31	16.24 hr	1008	7		
1990	01 / 01	12 / 31	17.00 hr	669	11	01/01-08/31 Educational	
1991	01 / 01	12 / 31	17.75 hr	2000	11		
1992	01 / 01	12 / 31	17.75 hr	2000	11		
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Employer Official's Name: (Please Print) A. Employer Telephone No. (416) 765-4321 Employer Official's Signature: Date: 17-Jul-2004 Fax No. (416) 765-6543							
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