



Catholic Independent Schools Diocese of Prince George

Finance/Payroll Office

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LEAVE OF ABSENCE CHECKLIST

This checklist is provided to assist in gathering and submitting the required documents and information for an employee who is going on an approved Leave of Absence.

EMPLOYEE NAME: _____

EE Leave

- ☐ Inform Finance/Payroll of employee's last day worked
- ☐ Complete Leave Application and Approval and submit copies to all listed on bottom of the application.
- ☐ Employee to complete a Group Coverage Change Form to change the current benefit class options are to switch to Class 3 before leave or waive ALL benefits while on LOA – contact CISPJ Finance/Payroll office for form

EE Return to Work

- ☐ **Inform Finance/Payroll of employee's first day worked upon return**
- ☐ Employee to complete a Group Coverage Change Form upon return to revert the benefit class from Class 3 to the pre-LOA class, re-instate extended health and dental, pension and voluntary pension– contact CISPJ Finance/Payroll office for form

Please note: Employees have the option to temporarily suspend Voluntary Pension contributions and Dental and Extended Health regular pension will be waived automatically – employees on LOA cannot contribute on regular pension but can contribute on the voluntary pension while on LOA. Employees on an Approved Leave of Absence will not have any group coverage except for the extended health and dental if they choose not to waive it for the duration of the leave. Travel Insurance for employees on LOA will be reduced to \$10,000 for the first 30 days of their trip. An arrangement must be made with the school *prior* to leave regarding the employee payment of their portion on the benefits while on leave.

CISPJ FINANCE/PAYROLL USE ONLY

EE Leave

- ☐ Employee completed Group Change Form. GCF to indicate Class 3 employee and if the employee is maintaining Extended Health and/or Dental while on leave.
- ☐ Approved copy of the Leave Application and Approval received from School

Last Day Worked _____ Gross Earnings for the month: _____

EE Return to Work

Date EE Returned to Work _____ Gross Earnings for the month: _____

- ☐ Group Change Form completed – Change employee benefit class, reinstate benefits, record gross earnings