## Public Service Commission Leave of Absence Request Form

Please submit the approved Leave of Absence Request Form to the Human Resource Service Centre (hrsc@gov.sk.ca) with "MIN(BEN)" at the beginning of the Subject Line a minimum 2 weeks prior to the commencement or extension of leave.

Employee Details	
Employee Name:	Employee #:
Ministry Name	Assignment #:
<ul> <li>LEAVE REQUEST:</li> <li>Email a scanned copy of the approved Leave of Absence Request Form to the Benefit Services Team at the Human Resource Service Centre at <u>HRSC@gov.sk.ca</u>. Please be sure to indicate "MIN(BEN)" at the beginning of the Subject Line of your email.</li> <li>To ensure timely processing, and no impact on your life Insurance or disability benefits while on leave, please submit the approved Leave of Absence Request Form to the Human Resource Service Centre a minimum of <u>2 weeks PRIOR to the commencement or extension of leave</u>.</li> </ul>	
SECTION A: COMMENCING A LEAVE OF ABSENCE	
Leave Start Date:	Leave End Date:
Please indicate one:         Definite Leave Without Pay: Human Resource Manual Section: PS 702         Adoption (Mandatory)         Apprenticeship Training         Compassionate Care (Mandatory)         Crime-Related Child Death or Disappearance (Mandatory)         Critically III Child Care (Mandatory)         Critically III Adult Care (Mandatory)         Learning and Development / Education (Discretionary)         Maternity (Mandatory)         Maternity (Mandatory)         Definite Leave With Pay: Human Resource Manual Section: PS 701-A         Deferred Salary (PS 713)         Education (Discretionary)         Other (please indicate reason):         OR         Adjudicated Prolonged Illness (Mandatory)         Adjudicated Prolonged Illness (Mandatory)         Job Abolishment (Mandatory)         Worker's Compensation (Mandatory)	<ul> <li>Medical (Mandatory)</li> <li>Moving to Term/Non Perm Position Within GoS (Discretionary)</li> <li>Moving to Term/Non Perm Position Outside GoS (Discretionary)</li> <li>Parental (Mandatory)</li> <li>Personal (Discretionary)</li> <li>Spousal Relocation (Discretionary)</li> <li>Other (please indicate reason):</li> </ul>
SECTION B: EXTENDING A LEAVE OF ABSENCE New Expiry Date Please select one: Definite Leave of Absence (indicate leave reason: e.g. maternity): Indefinite Leave of Absence (indicate leave reason: e.g. disability):	
Signature	
Employee Signature:	Date:
Supervisor / Manager Signature:	
Permanent Head / Delegate Signature:	

**IMPORTANT NOTE**: While on Definite or Indefinite Leave of Absence Without Pay, you may continue in the Government of Saskatchewan Group Life Insurance Plan and Disability Income Plan (DIP) for Out-of-Scope and CUPE employees, up to a maximum of three (3) years. Participation in the SGEU LTD plan is mandatory for the first year while on leave of absence. To continue coverage in the Government of Saskatchewan Group Life Insurance Plan and the Disability Income Plan (DIP), premiums <u>must</u> be received by the Human Resource Service Centre, within two (2) weeks of your leave commencing.

Upon receipt of the approved Leave of Absence Request Form, the Human Resource Service Centre will contact you by letter and outline your options to elect continued coverage under the plan(s), provide premium information, as well as other important employment and benefit information while on leave.

If you have any questions regarding leaves of absences or benefits while on leave, please contact the Human Resource Service Centre at <u>HRSC@gov.sk.ca</u> by telephone at 306-798-0000 or toll free at 1-877-852-5808.