



Multi-Sector Pension Plan

105 Commerce Valley Drive West, Suite 310, Thornhill, ON L3T 7W3
Phone: 905-889-6200 | Toll Free: 1-800-287-4816 | Fax: 905-889-7313
Website: www.mspp.ca | e-mail address: info@mspp.ca

LEAVE OF ABSENCE INFORMATION REQUEST FORM

(TO BE COMPLETED BY THE EMPLOYER)

EMPLOYEE NAME: _____

EMPLOYEE NUMBER (if applicable): _____

INDICATE PAID LEAVE: YES _____ NO _____

DATE OF LEAVE OF ABSENCE: _____

TYPE OF LEAVE (REQUIRED): _____

DATE OF RETURN: _____

PENSIONABLE EARNINGS FOR THE LAST FOUR WEEKS PRECEDING DATE OF LEAVE OF ABSENCE BY WEEK:
(Not required for Maternity/Paternity/parental unless in PEI)

Week 1 _____

Week 2 _____

Week 3 _____

Week 4 _____

EMPLOYER'S NAME:	
AUTHORIZED SIGNATURE OF EMPLOYER:	
PRINT NAME & TITLE:	
DATE:	