



LEAVE OF ABSENCE (LOA) REQUEST FORM

Please use this form to request a leave of absence. When possible please complete and submit this form electronically to speed the processing of your request.

TEAM MEMBER

First Name _____

Last Name _____

Date of Birth _____ Team Member ID _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone # _____ Mobile Phone # _____

Email Address _____

LEAVE TYPE AND DETAILS

Please select your leave LOA type. Although Leave types vary by province, we have simplified the types for the purposes of this form. CBML will follow up with you to ensure we are administering the correct leave type.

- Pregnancy and/or Parental Leave (If pregnancy, what is the estimated date of Delivery? _____)
- Personal Health Leave
- Medical Care of Family Member (Parent, Spouse, Child)
- Other _____

Expected Leave Start Date (dd/mm/yyyy) _____ Expected Leave End Date (dd/mm/yyyy) _____

Will you require intermittent leave? Yes No

Additional Comments:

Name _____

Signature _____

Date _____

When completed please return:

Email: michaels@cbml.ca (please complete [Electronic Communication Consent](#))

FAX: 416-362-2295 / 1-866-629-7894

Post: Canadian Benefits Management Limited. 1 Concorde Gate #301, Toronto, ON M3C 3N6

If you require assistance: Telephone Toll-Free 1-844-636-9622