

# UNPAID LEAVE OF ABSENCE REQUEST FORM

## LONG (More than one month)

I, \_\_\_\_\_ request an unpaid leave of absence from my position of \_\_\_\_\_ at the University of the Fraser Valley. The following are the details of this leave:

Duration: (please provide exact dates)

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason(s) for Leave:

### BENEFITS:

Unless you elect personally to pay the costs of continuation of coverage benefits (note that continuation will be provided as available from the carrier), you will be terminated from them (Extended Health, Dental, Life Insurance, AD&D, and Long Term Disability) on the first of the month following one month from the date of your leave commencement. If you do not maintain your benefits and you become disabled during your absence, you will not have access to LTD coverage for this disability through the University plan at any time. Once you return to active duty the end of your unpaid leave your disability coverage resumes; however you remain ineligible for coverage for any disability originating during the period of your leave.

I elect to terminate my coverage for benefits  
or

I request continuation ra082.3T (a00d [(m)6.99v7.7t ])TJ ET Q q 0 0 612 792 re W\* n BT /TT4 9.96 Ta00d [(m)6.99v