



NHRIPP

NURSING HOMES AND RELATED INDUSTRIES PENSION PLAN

LEAVE OF ABSENCE INFORMATION

(TO BE COMPLETED BY THE EMPLOYER)

EMPLOYEE INFORMATION	Employee Name	SIN
	Indicate Paid Leave <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Leave of Absence MM / DD / YYYY
	Type of Leave (Required)	Date of Return MM / DD / YYYY
PENSIONABLE EARNINGS	Pensionable earnings for the last four weeks preceding date of leave of absence by <u>week</u> : <i>(Not required for Maternity/Paternity/parental unless in PEI)</i>	
	Week 1	Week 2
	Week 3	Week 4
AUTHORIZATION AND SIGNATURE	Employer's Name: _____	
	Authorized Signature of Employer: _____	
	Print Name & Title: _____	
	Date: _____	