

WORK OPTIONS PROGRAM

APPLICATION FORM 1 (FOR ALL OPTIONS, EXCLUDING SELF-FUNDED LEAVE)



General information:

Employee name (Last, First):	Employee ID number:
Work location:	Work phone number:
Approver name:	Phone number:
Responsible management level (director or above):	Work location:

Employee proposal:

Please refer to the Information on the employee proposal section of the Work Options site for help on how to complete this section.
Anticipated impact of new arrangements on customer service and on your group:

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I have read and I understand the description and all additional information available on the Intrapost – Work options site.

Employee signature:	Date:
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I WISH TO APPLY FOR THE FOLLOWING OPTION (**CHECK APPROPRIATE BOX**):

SHORT-TERM LEAVE (1 TO 60 DAYS)

- Applies to management and exempt, APOC, CPAA and PSAC — represented employees.
- While employee is on leave, team leader is to enter code 9425 in SAP.

☐ OPTION A – SHORT-TERM LEAVE OF 1 TO 19 DAYS

Number of working days:	
Start date:	End date:
Recover the amount over _____ pays (maximum of 13 pays)	

☐ OPTION B – SHORT-TERM LEAVE OF 20 TO 60 DAYS

Number of working days:	
Block 1 – Start date:	End date:
Block 2 (if applicable) – Start date:	End date:
Amount will be recovered over 26 pay periods	

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Reduced work schedule

- Applies to management and exempt, APOC, CPAA and PSAC — represented employees.
- While employee is on leave, team leader is to enter code 9420 in SAP.

OPTION REQUESTED (CHECK ONE):

☐ 1 day off every week

☐ 1 day off every two weeks

Start date _____ End date _____

Phased retirement leave

Before applying for this option, you must determine your retirement date and inform AccessHR in writing of your intention to retire at a specified date. This leave period may not exceed two years.

- Applies to management and exempt, APOC, CPAA and PSAC — represented employees.
- While employee is on leave, team leader is to enter code 9420 in SAP.

Start date _____ End date _____

Reason for denial (if applicable) _____

Approval of application (Director or above): Yes ☐ No ☐

Approver signature _____

Return the completed and signed form to AccessHR by:

Mail: ACCESSHR

2701 RIVERSIDE DRIVE SUITE C0160

OTTAWA ON K1A 0B1

Or email: accesshr_accessrh@canadapost.postescanada.ca

Employee Proposal (continuation):**Director or Above Response to Employee Proposal:**

To be completed by Director or above

This request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Signature of Director or Above:	Date:

Response to Employee Proposal:**Funding arrangements:**

To be completed by the employee

Your Alterna Savings Account Number:	Percentage of Salary to be deferred: _____%
Planned Leave Start Date:	Expected Return to Work Date:

Deductions details:

To be completed by AccessHR

Deduction start date :	Deduction end date:
Dollar amount of deductions: \$ _____	Name of AccessHR Representative:

Reminder: please retain a copy of this form for your record