

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:

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	

WORK OPTIONS PROGRAM



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

Total Compensation

Benefits/Pension/Pay and Incentives/Health and Wellness/Leave Options



SELF-FUNDED LEAVE APPLICATION – WORK OPTIONS PROGRAM

For all other work options use form 22-054-335 – Work Option Program, Application Form 1

Please complete and return form to: **AccessHR**
2701 Riverside Drive Suite C0160
Ottawa ON K1A 0B1
Phone: 1-877-807-9090
Email: accessHR@canadapost.ca

General Information:

To be completed by the Employee

Employee name (last, first):	Employee ID Number:
Work Address:	
Director or above name (last, first):	
I confirm that: <ul style="list-style-type: none">• I have read, agreed and understood the descriptions, terms and conditions and all additional information regarding work option as mentioned on the Work Option site on Intrapost under You at Canada Post > Work Options.• I am aware of my existing mandatory benefits that must continue while on my Self-funded leave and that I will be responsible for paying the premiums.• I am aware of my existing mandatory benefits that will stop when I begin my Self-funded leave and will automatically resume on the day I return to work.• I am aware of my existing optional benefits that will automatically continue while on my Self-funded leave and that I will be responsible for paying the premiums. I am aware that I may cancel existing optional benefits with the necessary form and that I may reapply only when I return to work.• I am aware and agree that I will be responsible for both my share and employer's share of the premiums. Premium arrears will accumulate for all my benefits coverages, where applicable, while on leave. The premium arrears will be recovered from my pay over a period of twice the duration of my leave. Should I not return to work for any reason or leave Canada Post prior to completing my repayment schedule, I will receive a written notice requesting repayment in full of any benefit premiums that are outstanding in relation to my unpaid leave period. These premiums must be remitted to Canada Post within 30 days of the date of the written notice.• I am aware that if I have question(s) including benefit plans coverages, I should contact AccessHR.• I am aware that if I have question(s) regarding my pension, I should contact the Pension Centre (for Defined Benefit members) or AccessHR (for Defined Contribution members).• I will inform and remind my Team Leader, 4 weeks before my leave start date to update my leave system records.	
Employee Signature:	Date:

Employee Proposal:

Please refer to the information on the [employee proposal section of the Work Option site](#) on Intrapost under You at Canada Post>Work Options>Information on the Employee Proposal for help on how to complete this section. Describe the anticipated impact of taking this work option on customer service and on your group: