



B.C. Principals' & Vice-Principals' Association  
"Quality Leadership in Education"

**NOTICE OF LEAVE OF ABSENCE**

School District: \_\_\_\_\_

Employee Name: \_\_\_\_\_ ID/SIN # \_\_\_\_\_

Type of Leave: \_\_\_\_\_

Leave of Absence from: \_\_\_\_\_ To \_\_\_\_\_

Continue LTD coverage	
Waive LTD coverage	

Does the employee plan to leave the province during the leave of absence?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide the dates: \_\_\_\_\_

I understand that by choosing to waive long term disability (LTD) coverage during my leave, I **will not** be eligible for coverage during the period of leave and application for LTD benefits for any condition (injury or illness) arising during my leave of absence will not be considered. I also understand that proof of insurability may be required, at my own expense, if I wish to apply for these benefits at a later date, and that I may be refused coverage at that time.

Signatures: \_\_\_\_\_  
(Employee)

\_\_\_\_\_  
(School District Administrator)

Full Name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**Please maintain the original copy in the Member's personnel file.**