

List of Employees Not Actively at Work



Employer: _____

Date: _____

	Employee Name (last name, first name)	Last Day Worked (m/d/year)	Expected Return (m/d/year)	Reason for Absence
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*****Please check off if applicable***** **All employees are currently active at work and are not on any type of leave of absence**

Reasons for Leave of Absence	
A	Unpaid Sick Leave
B	Paid Sick Leave
C	Maternity/Parental Leave
D	WSIB
E	Paid Leave (personal time off)
F	Unpaid Leave (personal time off)
G	Injury (i.e. motor vehicle accident)
H	Temporary lay-off
I	Severance
J	Strike
K	Other (please specify)

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 Revised June 2021