



## **Verification of return from leave**

*Members returning from leave may be eligible for reduced membership dues upon their return. To be eligible for this member benefit, members must be returning from parental leave or long-term disability leave of 6 months or more.*

*Eligible members must 1) complete the top portion of this form, 2) have either an employer representative or medical professional complete the bottom portion and 3) ensure the form is submitted and any remaining dues are paid ahead of their return-to-work date.*

### **To be completed by NBASW member:**

Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Leave Start Date: \_\_\_\_\_

Leave End Date: \_\_\_\_\_

Reason for Leave:	Parental leave	Long-term disability leave
The third party completing this form is my:	Employer/Supervisor/HR	Doctor/Nurse Practitioner

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### **To be completed by third party:**

Declaration I confirm the above start and end dates are accurate.

I confirm the reason for leave indicated above is accurate.

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

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

Signature: \_\_\_\_\_

Once completed please submit this completed document by email to: [info@nbasw-attsnb.ca](mailto:info@nbasw-attsnb.ca)