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Toll Free: 1-800-637-0024 www.optrust.com

Employment Information
1. Personal Information

Member's Last Name	First Name	Initials	Social Insurance Number — — — — —	Ministry, Agency, Board, Commission
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Note: an employee can purchase leaves of absence during unclassified employment if the employer explicitly informs us it is authorized.

Member's Regular Full-time Hours of Work (Full-time equivalent if RPT)

_____ 40 Hrs. _____ 36 1/4 Hrs. _____ RPT Ratio _____ Other

Calendar Year	Period				Salary Rate (hrly/wkly/yrly)	Actual Time Worked In Hours (Excluding Overtime)	Number of paid statutory holidays during the period	Use this area to list all authorized leaves (Please provide leave start & end dates also type, e.g. parental.)
	From MM DD			To MM DD				

Employer Official's Name: (Please Print) _____ Telephone No. () _____

Employer Official's Signature: _____ Date: _____ Fax No. () _____