

Notice of Employee Leave Of Absence Form

PDC Daily - Rev. Mar-10

INSTRUCTIONS: Only complete this form if you have an outstanding loan in the plan.

SECTION A – TO BE COMPLETED BY EMPLOYER BEFORE AN EMPLOYEE’S LEAVE OF ABSENCE BEGINS

Name of Company / Plan (must complete): _____

Name: _____

Social Security #: _____

Date Leave of Absence Will Begin: _____

Reason for Leave: Medical Temporary Disability Other

Expected Date of Return From Leave _____ / _____ / _____

Date _____ Signature of Plan Representative _____

SECTION B – TO BE COMPLETED BY EMPLOYEE UPON RETURN FROM LEAVE OF ABSENCE (PLEASE TYPE OR PRINT)

Name: _____

Social Security #: _____

Date Leave of Absence Began: _____

Date of Return _____

Any outstanding loans? No Yes (if yes, please see below)

I have an outstanding loan and I choose the following option:

- Reamortize loan for missed payments: I understand that this results in higher payments being deducted from my paycheck.** The processing fee for this is \$75.00. Please include a check payable to Pension Dynamics Corporation with this form and mail to:

Loan Department
PENSION DYNAMICS CORPORATION
2300 Contra Costa Blvd., Suite 400
Pleasant Hill, CA 94523

- Make one-time payment to bring loan current – I understand that this allows me to have the same payroll deduction as prior to my leave of absence. There is no processing fee for this option. Please contact Pension Dynamics Corporation to determine the amount needed to bring your loan current.**

Date _____ Signature of Employee _____

Date _____ Approved by Plan Representative: _____