

# Notice of Employee Leave Of Absence Form

PDC Daily - Rev. July - 11

**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	SSN	Date Leave of Absence Will Begin
Reason for Leave <input type="checkbox"/> Medical <input type="checkbox"/> Temporary Disability <input type="checkbox"/> Other	Expected Date of Return From Leave	

## PLAN TRUSTEE / PLAN REPRESENTATIVE AUTHORIZATION

Signature <b>X</b>	Date
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## SECTION B – TO BE COMPLETED BY EMPLOYEE UPON RETURN FROM LEAVE OF ABSENCE (PLEASE TYPE OR PRINT)

Name	SSN	Date Leave of Absence Began
Date of Return	Any outstanding loans? <input type="checkbox"/> No <input type="checkbox"/> 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.** There is a processing fee for this service. Please refer to your plan's Administrative Policy Regarding Participant Loans or contact your in-house Benefits Manager for information regarding these fees. 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.

Participant Signature <b>X</b>	Date
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## SECTION C - PLAN TRUSTEE / PLAN REPRESENTATIVE AUTHORIZATION

Signature <b>X</b>	Date
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