# Logo Description automatically generatedCPD

**Notification of Leave**

This form is to be completed before the leave starts (if a planned leave) or as soon as possible once a leave starts (for an unplanned leave only). For unplanned leave, the form must be received within 30 days of the start of the leave or within five days of when the leave concludes (whichever is sooner).

## Member Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | |  | | | Last Name | | | |  | | |
| Company/Organization | | | | |  | | | | | | | |
| Position Title | | |  | | | | | | | | | |
| Contact Information During the Leave Period: | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | |
| City/Town | | |  | | | | PR |  | | Postal |  |
| Telephone | |  | | | | | Email | |  | | | |
| Is this email different than the email you usually receive our communications at? Yes No If you answered yes:  Do you want your profile email updated? \_ Yes No  If your username is also your other email, do you want it changed to this email? Yes No | | | | | | | | | | | | |

Leave Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Anticipated  Start Date of Leave | |  | Anticipated  End Date of Leave |  |
| Leave Type |  | | | |

Important Notes:

* Maximum CPD proration in any three-year period is 20 hours (based on max 12 month leave). Proration will reflect the leave period meaning the proration may not all fall into one calendar year.
* As the recognition of anticipated leaves for proration of CPD requirements takes place prior to a leave, the proration amount is subject to validation at the end of the leave.
* Even while on leave, certified members are required to keep their annual member dues up to date and normal CPD submission dates still apply.

By signing this form, I confirm that the Leave is planned for the dates noted. I also agree to submit confirmation of that leave within 14 days of the end of the leave, based on Association requirements at that time. I also agree that should the leave change and/or not be validated, any prorated CPD awarded will no longer apply or will be adjusted at CPHR PEI’s discretion based on the outcome of the validation.

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

Send a signed copy to [main@cphrpei.ca](mailto:main@cphrpei.ca) or mail to: Chartered Professionals in Human Resources of PEI P.O. Box 2151, Charlottetown, PE C1A8B9