



This form is to be used to request 2% Long Service Retention Pay or to change an employee's long service date.

Employee Form Submission Information: Please submit proof of eligibility and completed form to HRBusinessSupport@covenanthealth.ca.

Employee Information			
Employee Last Name	Employee First Name	Employee ID	Employee Record #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department/Unit	Site	<input type="checkbox"/> Documentation Provided "Proof of Eligibility"	
<input type="text"/>	<input type="text"/>		
I declare that the documentation and information provided is full and accurate and that false information or altered documentation may result in discipline.			
Employee Signature		Date (yyyy-mmm-dd)	
<input type="text"/>		<input type="text"/>	

HR Business Support and System Solution Authorization		
2% Long Service Retention Pay		
2% Special Long Service Retention Date: (yyyy-mmm-dd)	<input type="text"/>	Effective Date: (yyyy-mmm-dd) <input type="text"/>
Long Service Date Change		
From	To	Effective Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
(yyyy-mmm-dd)	(yyyy-mmm-dd)	(yyyy-mmm-dd)
Comments		
<input type="text"/>		
Human Resources Name (Last, First)	Human Resources Signature	Date (yyyy-mmm-dd)
<input type="text"/>	<input type="text"/>	<input type="text"/>