

2% Special Long Service Pay Retention Date Request (UNA Only)

Please submit Proof of eligibility to your Manager

Employee Information	
Employee Name (<i>last, first</i>)	
Employee ID #	Employee Record #
Department / Unit	Site
<input type="checkbox"/> Documentation Provided “Proof of Eligibility”	
2% Special Long Service Retention Date (<i>yyyy-Mon-dd</i>)	
Manager’s Name (<i>last, first</i>)	Manager Employee ID #
Manager’s Title	
Manager’s Signature	Date (<i>yyyy-Mon-dd</i>)

Submit completed and signed form to:

All Employees on e-People Fax: 1.888.908.4408 or email: hrdataadmin.ahs@albertahealthservices.ca

The collection of your personal information on this form is legally authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta). Your information will only be used and disclosed as necessary for your organization’s human resources program including managing and administering your employment relationship with the organization.

If you have questions or concerns about this collection of your personal information as provided on this form, please contact an advisor at HR Shared Services by phone 1-877-511-4455, via the ServiceHub <https://albertahealthservices.service-now.com/esc>, or send your questions by mail to the attention of HR Shared Services, 10301 Southport Lane SW, Calgary, Alberta, T2W 1S7.