



# PROPASS SUSPENSION & TERMINATION

Name: (Please Print)	Employee#:	Dept ID:
Ministry/Entity:	Work Phone:	<b>ProPASS #</b>

## For suspensions & terminations submit your *ProPASS* card to Payroll

ProPASS Co-ordinator  
Payroll Services  
Block E2261 Keating Cross Road  
Saanichton, BC V8M 2A5

Phone: 1-877-277-0772

Fax: (250) 652-4882

Email:

[ContactCentrePay.HRSystems@gov.bc.ca](mailto:ContactCentrePay.HRSystems@gov.bc.ca)

### Section 1: ProPASS Suspension – complete Section 1 if you are suspending your card.

I certify that my ProPASS suspension is for one of the following reasons:

- Maternity Leave
- Parental Leave
- Ltd (Long-term Disability)
- WorkSafe BC Time Loss

I understand and authorize that payroll deduction will be suspended on the next pay period following the date on this form and will resume on the pay period following the date at which I return to work.

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

### Section 2: ProPASS Termination – Complete this section if you are terminating your card

ProPASS card termination requested for Date: \_\_\_\_\_

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

### Section 3

ProPASS Co-ordinator

Please retain the *ProPASS* on your files. For card suspensions return to the employee, upon their return to work.

Date Deduction Suspended / Terminated: \_\_\_\_\_

Date Deduction Resumed: \_\_\_\_\_



**PROPASS Program**, City of Kamloops,  
105 Seymour Street, Kamloops BC V2C 2C6  
250-828-3605