**Leave of Absence**

[INSERT ORGANIZATION LOGO HERE]

**Confirmation letter**

[DATE]

[EMPLOYEE NAME & ADDRESS]

Dear [EMPLOYEE NAME]

This letter is to confirm your leave of absence from the Division starting [DATE] and ending [DATE]. As such, your last day of work will be [DATE].

Should you wish to return to work at an earlier date, you are required to provide your supervisor with a written request of your intention to return to work. This must be received at least [INSERT NUMBER OF DAYS] in advance of your anticipated early return date.

The following summarizes the terms of your leave:

**Payroll**

**Option 1:** This is an unpaid leave of absence. Yu will be paid for your days worked up to the start of your leave of absence.

**Option 2:** This is an unpaid leave of absence. You will be using a total of [INSERT NUMBER OF VACATION AND/OR SICK DAYS] until the start of your unpaid leave of absence on [DATE].

**Option 3:** Your salary will continue for the duration of the above term of your leave of absence. In the event your leave of absence is extended beyond the existing agreed upon term, the details of your leave will need to be reviewed and may change.

**Group Health and Welfare Benefits**

**Option 1:** Your Group Health and Welfare Benefits will continue while on leave. Attached is an invoice for the employee portion of your Group Health and Welfare Benefits while on leave. You are responsible for submitting separate cheques to the HR Department each month to pay for the employee portion of your Group Health and Welfare Benefits. Payment instructions are included with the invoice.

**Option 2:** Your Group Health and Welfare Benefits will continue while on leave. Attached is an invoice for the employer and employee portions of your Group Health and Welfare Benefits while on leave. You are responsible for submitting separate cheques to the HR Department each month to pay for the employer and employee portions of your Group Health and Welfare Benefits. Payment instructions are included with the invoice.

**Option 3:** Your Group Health and Welfare Benefits will cease while on leave and will resume upon your return to work.

**Communication**

**Option 1A:** While on leave, you wish to be informed of critical work-related events (e.g. passing of clients, change in staffing, etc.). Your preferred method of communication is via your Division email address.

**Option 1B:** While on leave, you wish to be informed of critical work-related events (e.g. passing of clients, change in staffing, etc.). Your preferred method of communication is via your personal email: [PERSONAL EMAIL ADDRESS]

**Option 2:** While on leave, should a vacancy or new job be posted, you wish to be considered for it. As such, you will submit an updated resume to the HR Department. Failure to do so, indicates your lack of interest in being considered.

We will respectfully request that you contact the Division a minimum of four (4) weeks in advance of your anticipated return date, in order to allow time for discussion about your transition back into the workplace.

While on leave please contact your supervisor and/or the HR Department with any questions or concerns you may have.

We wish you all the best on your leave,

[INSERT DIGITAL SIGNATURE HERE]

[ORGANIZATION]

[HR MANAGER NAME, TITLE]

Cc: [SUPERVISOR NAME, TITLE]

Employee File