**Leave of absence FoRm**

[INSERT ORGANIZATION LOGO HERE]

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| **EMPLOYEE INFORMATION** |
| Last Name | First Name | Leave TermLast Name |
|  |  | [ ]  Leave [ ]  Leave Extension [ ]  Vacation |
| Status | Department  | Record of Employment Requested |
| [ ]  Regular [ ]  Casual |  | [ ]  Yes [ ]  No  |
| Position | Employee ID |
|  |  |
| Address While on Leave | Primary Phone Number |
|  |  |
| **DETAILS OF LEAVE** |
| Leave Start Date(YYYY/MM/DD) | Leave End Date(YYYY/MM/DD) | Leave Type | Paid or Unpaid Leave | Benefits1. Employee will receive benefits, and pay Employee portion of premium
2. Employee will receive benefits, and pay Employer and Employee portions of premium
3. Employee will not be on benefits
 |
|  |  |  | [ ]  Paid [ ]  Unpaid | [ ]  A [ ]  B [ ]  C |
|  |  |  | [ ]  Paid [ ]  Unpaid | [ ]  A [ ]  B [ ]  C |
| **ADDITIONAL INFORMATION OR DIRECTIONS** |
| e.g. Indicate if leave Start Date is different than employee’s last working day, etc. |

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| --- |
| **SIGNATURES** |
| Manger Authorization | Name (print) | Date | Other | Name (print | Date |
| Executive Director Authorization | Name (print) | Date | HR Authorization  | Name (print) | Date |

**SUPORTING DOCUMENTATION**

**Bereavement Leave:** Employee requests for leave to not have to be made in writing. Employee may be asked, as soon as practicable, to supply reasonable proof (e.g. death certificate) of leave entitlement.

**Compassionate Care Leave:** Employee requests for leave do not have to be made in writing. Employee must supply a medical certificate as proof that the family member needs care or support and is at risk of dying within 26 weeks.

**Court/Jury Duty:** Employee must supply a copy of jury duty summons or other documentation indicating the dates the employee is required to be at court.

**Critical Illness or Injury Leave:** Employee requests for leave do not have to be made in writing. Employee must supply a medical certificate as proof that the family member is critically ill or injured and requires the care or support of one or more family members. The certificate must also set out the period for which the family member requires care or support (Employment Standards Act 52.11, Critical illness or injury leave).

**Domestic or Sexual Violence Leave:** Employee may be asked, as soon as practicable, to supply evidence for how the leave time is being used to address domestic or sexual violence.

**Family Responsibility Leave:** Employee may be asked, after the event, to supply reasonable proof that the request for a leave was valid.

**General Leave without Pay:** Not applicable.

**Leave Respecting the Death of a Child:** Employee requests for leave do not have to be made in writing. Employee may be asked, as soon as practicable, to supply reasonable proof of leave entitlement.

**Leave Respecting the Disappearance of a Child:** Employee requests for leave do not have to be made in writing. Employee may be asked, as soon as practicable, to supply reasonable proof that their child has disappeared in circumstances in which it is probable the disappearance is the result of a crime.

**Long-Term Disability Leave:** Employee has been off work for the term of the elimination period. Employee must supply proof that they became disabled while covered by the Group Health and Welfare Benefits Plan. The process for applying for Long-Term Disability Leave is managed by the employee and the HR Department.

**Maternity and Parental Leave:** Employee must submit a medical certificate from a qualified medical practitioner confirming the expected due date of the pregnancy. Employee must supply documentation confirming the adoption of a child.

**Short-Term Sick Leave:** Employee may be asked to supply a medical certificate from a qualified medical practitioner. Eligibility for a paid shot-term sick leave depends on the employment group.

**Vacation:** Employee written request indicating start and end date of vacation leave being requested and supervisor’s approval.