

APPLICATION FOR LEAVE OF ABSENCE (OCCASIONAL/CASUAL EMPLOYEES)

**** Occasional Teachers should refer to their Collective Agreement for details and eligibility requirements ****

Name		Employee ID	
Casual List			
Contact Information	(Address, Telephone, Email)		

Please indicate start and end date of leave.

Start Date of Leave: _____

End Date of Leave: _____

Please indicate the type of leave.

Pregnancy Leave

Expected date of childbirth _____

(Attach confirmation of due date from health care provider)

Adoption Leave

Expected date of child first coming into care and control of employee _____

Parental Leave (Attach proof of birth)

Voluntary Leave of Absence (one [1] year maximum)

Critically Ill Child Care Leave (Attach ESA Medical Certificate)

Family Medical Leave or Family Caregiver Leave (Attach ESA Medical Certificate)

Infectious Disease Emergency Leave (IDEL) (Please see the ESA for further details)

Please indicate reason for IDEL

Applicant Signature _____

Date _____

Please update any changes to your address in the Employee Self Service Portal or contact the Human Resources Department by email. If you email this form using your Board email account to the Human Resources Department at hrdept@rcdsb.on.ca, you will not need to sign the form. Your email will be your signature.