

APPLICATION FOR LEAVE OF ABSENCE (EXTENDED PARENTAL LEAVE)

(to be completed and returned to the Human Resources Department)

Name		Employee ID	
School/Location			

Start Date of Leave: _____

End Date of Leave: _____

BENEFITS

Employees on extended parental leave are responsible for the **full cost of benefits maintained**. There is no Board contribution. Benefits not maintained while on pregnancy/parental leave cannot be covered during the extended leave.

All employee benefits plans are administered through an Employee Life Health Trust. The Board will advise the applicable Benefit Administrator about the extension of your leave and the Benefit Administrator will contact you regarding the change in the benefit cost. If you choose to cancel optional benefits during your leave, you may need to complete an evidence of insurability if you wish to re-enroll in the benefits when you return from your leave. Please contact your Benefit Administrator for further details.

If you carry Long Term Disability Insurance, the Board will continue to collect premiums through a pre-authorized debit process if you have maintained this benefit through your leave. Please contact rcdsbbenefits@rcdsb.on.ca if you have any questions.

Applicant's Signature

Date

Please note:

- Please refer to your Collective Agreement for timing of return from extended parental leave.
- You are responsible for sending a copy of this form to your Union President as required by your Collective Agreement.

Email this form to hrdept@rcdsb.on.ca or Fax to 613-735-5141