

# APPLICATION FOR LEAVE OF ABSENCE (PREGNANCY, ADOPTION, PARENTAL)

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

<b>Name</b>		<b>Employee ID</b>	
<b>School/Location</b>			

**Start Date of Leave:** \_\_\_\_\_

**End Date of Leave:** \_\_\_\_\_

**I wish to apply for:**

- Pregnancy Leave.** Expected date of childbirth \_\_\_\_\_  
(Attach original confirmation of due date from health care provider.)
- Adoption Leave.**  
Expected date of child first coming into care and control of employee \_\_\_\_\_
- Parental Leave.**
- Critically Ill Child Leave or Family Medical Leave** Please complete the ESA Medical Certificate
- Other ESA Leave** - \_\_\_\_\_ - Please complete the ESA Medical Certificate

**BENEFITS**

All employee benefits plans are now administered through an Employee Life Health Trust. The Board will advise the applicable insurance company of your leave around the start of your leave. The Benefit Administrator will then contact you regarding the payment of your benefits during your leave. 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 the insurance company for further details.

If you carry Long Term Disability Insurance with the Board, the Board will collect the premiums through a pre-authorized debit process. The Board's Finance Department will contact you shortly after the start of your leave regarding setting preauthorized debit.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date