

APPLICATION FOR UNPAID LEAVE

Sections 1, 2 and 3 to be completed by the Employee

Please also reference the (Unpaid) Leave of Absence section of your Collective Agreement or Employment Conditions/Administrative Procedures Manual.

Name		Employee ID	
Position & Location			
Work Phone			
Contact Information (Address, Telephone and Email)			
Leave request for period _____ to _____			

1. Unpaid Leave is requested for:

- Compassionate reasons
- Educational advancement (qualifications or enrichment) related to the employee's role in public education
- Employee's spouse is transferred to a location outside the RCDSB area (maximum 2 yrs)
- Employee taking a teaching position in another country where the Board feels the experience will benefit the RCDSB (maximum 2 years)
- Leave to attend to the personal obligations of self or family member

Reason for requesting leave as indicated above

(Leaves, with or without pay, are not granted where the employee is requesting to work for another employer unless it meets the conditions stated in bullet #3 or #4 above.)

2. Operational Requirements

Tick boxes for a 'yes' answer; leave boxes empty for a 'no' or write 'n/a' for a 'not applicable' answer. All boxes must be ticked 'yes' for a leave to be considered, unless extenuating circumstances apply as stated below.

I can offer reasonable assurance that I will return to the employ of the Board.
(State reasons for returning to the Board's employ and expected date of return)

Expected Date of Return: _____

I have been employed for 2 years or greater with the Board (Date of Hire : _____)

The term of leave I am requesting is two years or less.

The term of leave requested exceeds 2 years, and is requested under extenuating circumstances.
(Please explain)

Is there additional information/explanation you wish to include:

Previous leaves combined with this leave request are less than or equal to four years.
(i.e. combined maternity, parental, X over Y, etc. does not exceed a four year span)
Please state term and type of prior years' leaves:
(i.e. "Sept 2005 to June 2006 – Extended Maternity"; 'Sept 2006 to June 2007 – Unpaid Leave')

Term of Leave coincides with a school term (i.e. full school year or Term 1 or 2 if a partial year leave request. (The Board may waive the term of the leave in extenuating circumstances.)

Leave is being requested before March 1st for leave beginning in the following school year. (The Board may waive the March 1st due date in extenuating circumstances.)

3. Benefits

All employee benefits plans are now offered through an Employee Life Health Trust. The Board will advise the applicable Benefit Administrator 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 your Benefit Administrator for further details.

If you carry Long Term Disability Insurance with the Board, the Board will collect 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.

4. Sign-Off by Employee

- As an employee of the Board I am applying for a leave of absence to be used for the purposes as stated in this application form.
- I have read and understand the provisions for Unpaid Leave of Absence contained within my Collective Agreement and contained within this application.
- I understand that I must give notice of my intentions, for my return to work during the following school year, no later than **March 1st** prior to the school year in which I am returning.
- I understand that I will be returned to the location as governed by my Collective Agreement (if union) or Employment Conditions/Administrative Procedures Manual (if non-union).
- I have sent a copy of this application as information to my Union President (where required by my Collective Agreement).

Signature of Employee: _____

Date: _____

Please sign and forward application package (4 pages) to your Supervisor/Principal.

To be completed by Board Personnel (Sections 5 and 6)

Directions to Supervisors/Principals and Superintendent of Schools (and additionally Supervising Principal for Special Services if an Educational Assistant or School Support Counsellor): Answer each of the questions listed below, sign in Section #6 and forward the completed form to the Superintendent of H.R. within 2 days of receipt.

5. Operational Requirements to be completed by Board Personnel

- Impact upon the welfare of other people (i.e. on students, staff and the system).

- Availability of a suitable replacement for the incumbent (i.e. the specialization of the staff involved, the ability to continue program delivery, etc.).

- Ability of the employee to maintain suitable skills for the return from absence.

- Other requirements as determined by the Board.

6. Recommendations and Approvals

Recommended by Supervisor/Principal: _____ Date _____

Approved by Superintendent of Schools: _____ Date _____

Approved by Superintendent of H.R.: _____ Date _____