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| **Leave of absence form** |

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| **PERSONAL INFORMATION** | | | | | | | | |
| LAST NAME | | FIRST NAME | | LEAVE TERM | | | | |
|  | |  | | LEAVE | | LEAVE EXTENSION | | VACATION |
| STATUS | | DEPARTMENT | | RECORD OF EMPLOYMENT REQUESTED | | | | |
| REGULAR  CASUAL | |  | | YES  NO | | | | |
| ADDRESS WHILE ON LEAVE | | | | | | PRIMARY PHONE NUMBER | | |
|  | | | | | |  | | |
| POSITION | | | | | | EMPLOYEE ID | | |
|  | |  | |  | |  | |  |
| **DETAILS OF LEAVE** | | | | | | | | |
| LEAVE START DATE | LEAVE END DATE | | LEAVE TYPE | | PAID/UNPAID | | BENEFITS   1. Employee will receive benefits and pay employee portion of premium. 2. Employee will receive benefits and pay employee and employer portions of premium. 3. Employee will not be on benefits. | |
| [YYYY/MM/DD] | [YYYY/MM/DD] | |  | | PAID  UNPAID | | A  B  C | |
| **ADDITIONAL INFORMATION OR DIRECTIONS** | | | | | | | | |
|  | | | | | | | | |
| **SIGNATURES** | | | | | | | | |
| SIGNATURE (Supervisor) | | | NAME (Print) | | | | DATE | |
|  | | |  | | | |  | |
| SIGNATURE (Executive Director) | | | NAME (Print) | | | | DATE | |
|  | | |  | | | |  | |
| SIGNATURE (Human Resources) | | | NAME (Print) | | | | DATE | |

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| **SUPPORTING DOCUMENTATION** |

**Bereavement Leave:**

* Employee requests for leave do 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.