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**Date of Issue**                    October 2007

**Original Date of Issue**        October 2007

**Subject**                            **LEAVE OF ABSENCE PROCESS – SHORT TERM**

**References**                      FORM A4005-1

**Links**

**Contact**                          Human Resource Services Department

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**1.        General Information**

- 1.1        Human Resource Services is committed to a Leave of Absence process for short-term leave requests that is fair, equitable and consistent. This process is intended to address requests for leaves that are not for all employee groups not currently covered by the applicable Collective Agreement and/or Terms and Conditions. Requests for medical leave, pregnancy, parental, adoption, Child Care, Union Release, WSIB, LTD, Long Term Unpaid Leave, etc. will continue to be administered in the usual manner.
  
- 1.2        The terms and conditions of the leave criteria vary as a result of employees being classified as either a 10 month or a 12 month employee.

**2.        Requesting a Leave of Absence**

- 2.1        Each leave request will be considered on an individual, case-by-case basis.
  
- 2.2        The attached Request for Leave of Absence Form (FORM A4000-1) for short-term leaves will be used by all employee groups.
  
- 2.3        Section A will be completed by the employee with supporting documentation attached. The employee will then present the form to their Principal/Supervisor/Manager.
  
- 2.4        Section B will be completed by the Principal/Supervisor/Manager. The Principal/Supervisor/Manager will then submit the form to the appropriate Human Resource Services Officer.

**3.        Decision Process**

- 3.1        Requests for Leaves of Absence are administered by the Human Resource Services Department.



- 3.2 Leave requests will be first assessed in accordance with the terms and conditions found within the applicable collective agreement and any statutory leave obligations.
- 3.3 Leave requests which do not fall within the language of these documents will then be assessed through a set of criteria/considerations.

The criteria/considerations are as follows:

- 3.3.1 Does the request fall within the provisions of the applicable collective agreement?
  - 3.3.2 Has the employee completed his/her probationary period?
  - 3.3.3 Does the timing of the leave conflict with the student evaluation process?
  - 3.3.4 Will the leave hinder or support student achievement either directly or indirectly?
  - 3.3.5 Are there potential contributions to the school, students, or community?
  - 3.3.6 Could the leave be taken at a time other than during the school year?
  - 3.3.7 Is the purpose of the leave a “once in a lifetime” opportunity?
  - 3.3.8 Is it an emergency?
  - 3.3.9 Are there extenuating circumstances?
  - 3.3.10 Can an appropriate replacement be found for the time period in question?
- 3.4 As a general rule, the following leaves will not be approved:
    - 3.4.1 Vacations during the school year for employees who are employed on a school year basis or whose duties relate directly to students.
    - 3.4.2 Weddings for individuals outside the immediate family. Immediate family only includes mother, father, brother, sister, son, and daughter.
  - 3.5 Exceptions will be considered in exceptional and compelling circumstances, in accordance with the above criteria/considerations.
  - 3.6 Once a decision has been made, the Human Resource Services Officer will complete Section C of the form. A copy will be provided to the Principal/Supervisor/Manager, the employee and the Payroll Department.
  - 3.7 If there are instructions regarding the implementation of the leave, a formal letter detailing the instructions will be attached.

**Issued:**  
**Revised:**

October 2007

***Under the authority of the Director of Education***

**REQUEST FOR LEAVE OF ABSENCE**

**SECTION A: TO BE COMPLETED BY EMPLOYEE (Please Print)**

Employee Name: \_\_\_\_\_ Employee I.D. Number: \_\_\_\_\_

School or Work Location: \_\_\_\_\_

Employee Group: (Please check appropriate box)

UNION:	OPSEU	<input type="checkbox"/>	ETFO	<input type="checkbox"/>	INSTRUCTORS	<input type="checkbox"/>
	CUPE	<input type="checkbox"/>	OSSTF	<input type="checkbox"/>		
NON-UNION:	AESP	<input type="checkbox"/>	PRINCIPAL & VICE PRINCIPAL			<input type="checkbox"/>

I am requesting permission to be absent from my regular duties on the following date(s) for the following reasons:  
First Day of Leave: \_\_\_\_\_ Last Day of Leave: \_\_\_\_\_

Reason For Leave: (Please be specific)

Attach Supporting Documentation & Information on Extenuating Circumstances (e.g. medical information, proof of travel plans, community service)

I understand this request must be approved by Human Resource Services and that it may be granted with or without pay. **If approved, this absence must be entered into the SCARRI system. If this absence is without pay the salary deduction will occur on the next regularly scheduled pay following the Principal/Manager/Supervisor's validation of the absence in SCARRI. If replacement costs are covered by an external agency/organization, please provide the name, address and contact person of the agency/organization to be billed.**

Agency/organization Name/Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Please submit to your Principal/Immediate Supervisor for authorization.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY PRINCIPAL/ SUPERVISOR**

Please note your concerns this leave may have on affecting programming or student needs. Please note any potential contributions to the school, students and/or community.

\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION C: TO BE COMPLETED BY HUMAN RESOURCE SERVICES ADMINISTRATOR**

APPROVED WITH PAY       APPROVED WITHOUT PAY       DENIED

Instructional letter including any conditions or limitations attached:      YES:       NO:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_