



UNPAID LEAVE REQUEST FORM

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

Please also reference the Leave section of your Collective Agreement, Terms and Conditions of Employment or Personal Services Contract and the corresponding Administrative Procedure.

Employee Name: _____

Employee ID : _____ Union Affiliation: _____

School/Location: _____ Position Held: _____

Leave Requested: From _____ To _____

Date of Return to Position: _____

1. 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 understand that I will be returned to the location as governed by my Collective Agreement (if union) or Terms and Conditions of Employment (if non-bargaining).
- Leave must be requested within the period specified in the governing collective agreement/personal services contract or six months in advance for Non-Bargaining Employees.

Signature of Employee: _____ **Date:** _____

Please complete up to and including Section 3 and forward to your Principal/Supervisor.

2. Unpaid Leave is requested for:

- Compassionate reasons
Full details of leave request: _____

- Educational advancement (qualifications or enrichment) related to role in public education
Full details of leave request: _____

- Employee's spouse is transferred to a location outside the GECDSB area (maximum 2 yrs)
Full details of leave request: _____

- Employee taking a position where the board feels the experience will benefit the GECDSB:
Full details of leave request: _____

- Leave to attend to the personal obligations of self or family member
Full details of leave request: _____

(For non-teaching positions 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 of Administrative Procedure.)

3. Operational Requirements to be completed by Employee

Tick boxes for a 'yes' answer; leave boxes empty for a 'no' or write 'n/a' for a 'not applicable' answer.

- Reasonable assurance that the employee will return to the employ of the Board.
Expected Date of Return: _____
- Employed for 2 years or greater with the Board (Date of Hire: _____)
- Is the term of leave no greater than 1 year?
- If the term of leave requested exceeds 1 year, is this leave requested under extenuating circumstances? (If yes, please explain why) _____

- Are previous leaves combined with this leave request less than or equal to three years? (i.e. combined Pregnancy/Parental, X over Y, etc. does not exceed a three 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') _____
- If in a school setting does term of Leave coincide 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.)
- Is leave being requested before timelines outlined in the governing collective agreement (if applicable) for leaves beginning in the following school year for positions related to school operation or 6 months in advance of leave for positions not directly related to school operation? (The Board may waive the due date in extenuating circumstances.)

All boxes must be ticked 'yes' for a leave to be considered, unless extenuating circumstances apply as stated in the boxes above.

Section 4 to be completed by the Employer

4. Recommendations and Approvals

Directions to Principals/Supervisors and Superintendent:

Sign below and forward the completed form to the Supervising Superintendent within 5 days of receipt.

Reviewed by Supervisor/Principal: _____ Date: _____

Reviewed by Supervising Superintendent: _____ Date: _____

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

NOTES: _____

Please forward the completed and signed form to the Superintendent of Human Resources at the Board Office.