

RETURN ADDRESS:

Date:

Mr. Roger Clarke, Superintendent of Human Resources
c/o Human Resources Department
Renfrew County District School Board
1270 Pembroke Street West
PEMBROKE, ON K8A 4G4

RE: REQUEST FOR EXTENDED PARENTAL LEAVE

Dear Mr. Clarke:

I am employed as a _____ with the Board,
(employee type i.e. secondary teacher)
assigned to _____.
(school/department name)

I am currently on maternity leave for the period _____ to
_____.

I would like to extend my leave as provided for in the Collective Agreement* to _____,
returning to my position effective _____.

I understand that I must give notice of my intentions for the following school year by the March 1st deadline
as explained in my Collective Agreement.

I have sent a copy of this letter to my Principal/Supervisor, Superintendent and Union President (where
applicable).

Yours truly,

Signature

Name (Please print)

cc. Superintendent of Schools, Principal/Supervisor, Union President

Please note: Please refer to your Collective Agreement for timing of return from extended parental leave.
Page 2 of this request is to be submitted to the Human Resources Department only.
If you are sending this request electronically, please address to H.R. Department at
hrdept@renfrew.edu.on.ca. If you are sending your request by mail/courier, please address to
H.R. Department – Leave Request. H.R. is not responsible for sending the copies.



Name _____

Extended parental leave dates: _____ to _____.

I understand that, while on an extended parental leave of absence, I am responsible for the full cost of benefits maintained and that there is no Board contribution. I further understand that, any benefits I did not maintain while on pregnancy/parental leave, I may not have those coverages for my extended parental leave.

Benefits

Compulsory:

(These are the benefits you must carry as condition of employment. Please refer to your Collective Agreement and your pay statement.)

I wish to maintain the compulsory benefits Yes No

Please be advised that you will be re-enrolled in the compulsory benefits (if not maintained) upon your return unless you have exemptions on file.

Optional:

(If you choose to cancel the optional benefits for the duration of your leave, you will have to re-apply by providing evidence of insurability.)

I wish to maintain the optional benefits Yes No

You will be invoiced by the Board's Accounting Department for the cost of benefits maintained.

Applicant Signature _____ **Date** _____

Please return completed form to the Human Resources Department