



Unpaid Leave Request Form Renfrew County District School Board Human Resources Department

The following is a guideline for the Director and Superintendents for interpreting clauses in the Agreements dealing with request for unpaid leaves. Requests for Leave without Pay will be processed in accordance with the applicable Collective Agreement. Leave of Absence is not to be interpreted in any way as an automatic right.

Operational Requirements

- Impact upon the welfare of other people (i.e. on students, staff and 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 return from the absence.
- Other requirements as determined by the Board.

Approved Requests

An unpaid Leave of Absence (LOA) may be granted if there is reasonable assurance that the employee (who has been employed for a minimum of two years) **will return to the employ of the Board** and they meet one of the following conditions.

1. Leave request for compassionate reasons.
2. Leave request to further educational qualifications or enrichment related to the employee's role in public education.
3. Leave request where the employee's spouse is being transferred to a location outside of the Renfrew County District School Board's catchment area and the employee is moving with the spouse (maximum leave two years).
4. Leave request where the employee is taking a teaching position in another country where the Board feels the experience will benefit the Renfrew County District School Board school system (maximum leave two years).
5. Leave request to attend to the personal obligations of self or family member.

Non-Approved Requests

A Leave of Absence (with or without pay) is not granted for the following reason.

1. Request to work for another employer unless it meets the conditions under *Approved Requests # 3 and #4*.

Term of Leave

Leave of Absence shall be a two year maximum with one year extension under exceptional circumstances. No combination of leaves (i.e. Leave of Absence, Maternity Leave, extended, parental, X Over Y, etc.) shall exceed four years.

Return from Leave of Absence

Leaves are for a predetermined fixed period of time. **Early return from leave is not guaranteed.** Under exceptional circumstances, staff on Leave of Absence may be approved for early return subject to a suitable position being available for which the employee is qualified.

The employees' return to a school/location from which they left will be subject to the terms of the applicable Collective Agreement (i.e. surplus and redundancy processes, etc.).

Process for Leave of Absence

Employees shall complete an Unpaid Leave of Absence Request Form as distributed by the Human Resources Department and found on the board's website.



Unpaid Leave Request Form

Renfrew County District School Board

Human Resources Department

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.

Employee Name: _____

Email Address: _____ Union Affiliation: _____

School/Location: _____ Position Held: _____

Term of Leave: 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 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 forward completed and signed form to the Superintendent of Human Resources, c/o Human Resources Department at the Board Office. If you are sending this request electronically, please address it to HR Department @ hrdept@renfrew.edu.on.ca or by fax to 613-735-5141 or by mail/courier, addressed to H.R. Department – Leave Request.

2. Unpaid Leave is requested for:

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

(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.)



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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.
State reasons for returning to the boards employ and expected date of return: _____
Expected Date of Return: _____
- Employed for 2 years or greater with the Board (Date of Hire: _____)
- Is the term of leave no greater than 2 years (does not exceed 2 years)?
- If the term of leave requested exceeds 2 years, is this leave requested under extenuating circumstances? (If 'yes', please explain why the circumstances are exceptional): _____

Is there additional information/explanation you wish to include:

- Are previous leaves combined with this leave request 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' _____)
- 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 March 1st for leaves beginning in the following school year?
(The Board may waive the March 1st 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 bullets above.

4. Benefits

I understand while on an unpaid leave of absence, I am responsible for the full costs of benefits maintained and that there is no Board contribution.

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.

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.

You will receive benefit information and costing under a separate Memo from the H.R. Department.

You will be invoiced by the Board's Accounting Department for the cost of benefits maintained to the address that is printed on your most recent pay-stub.



**Unpaid Leave Request Form
Renfrew County District School Board
Human Resources Department**

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

Directions to Supervisors/Principals and Superintendent of Schools (and additionally Principals of Special Education 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

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| <p><input type="checkbox"/> Impact upon the welfare of other people (i.e. on students, staff and the system). _____ _____</p> <p><input type="checkbox"/> Availability of a suitable replacement for the incumbent (i.e. the specialization of the staff involved, the ability to continue program delivery, etc.). _____ _____</p> <p><input type="checkbox"/> Ability of the employee to maintain suitable skills for the return from absence. _____ _____</p> <p><input type="checkbox"/> Other requirements as determined by the Board. _____ _____</p> |
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6. Recommendations and Approvals

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| <p>Recommended by Supervisor/Principal: _____ Date _____</p> <p>Approved by Superintendent of Schools: _____ Date _____</p> <p>Approved by Superintendent of H.R.: _____ Date _____</p> |
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Please forward completed and signed form to the Superintendent of Human Resources, c/o Human Resources Department at the Board Office.