

LEAVE OF ABSENCE REQUEST FORM

Send to: Human Resources – Benefits-West 5th Campus

Fax: 905 381 5609/ Email: benefit-records@stjoes.ca



First Name:			Last Name:			Employee #:		
Department:			Job Title:			Supervisor:		
Status:			<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual	<input type="checkbox"/> Temporary		
Leave Dates:			Start Date: _____ (yyyy/mm/dd)			Anticipated Return Date: _____ (yyyy/mm/dd)		
<u>PREGNANCY & PARENTAL LEAVE</u>				<u>PARENTAL LEAVE</u>				
<input type="checkbox"/> Pregnancy/Parental 52 weeks (Standard) (attach qualified health practitioner's note indicating expected date of delivery) FAQ - Maternity - Parental Leave Process				<input type="checkbox"/> Parental 37 Weeks – Natural Parent of Adoption (Standard) (attach birth registration or adoption documents when available) FAQ - Maternity - Parental Leave Process				
<input type="checkbox"/> Pregnancy/Parental 78 weeks (Extended) (attach qualified health practitioner's note indicating expected date of delivery) FAQ - Maternity - Parental Leave Process				<input type="checkbox"/> Parental 63 Weeks – Natural Parent of Adoption (Extended) (attach birth registration or adoption documents when available) FAQ - Maternity - Parental Leave Process				
<input type="checkbox"/> Medical – Non Occupational (Current Attending Physician Statement required to be on file with Health Office prior to leave approval)								
<input type="checkbox"/> Medical – Occupational (WSIB)								
<input type="checkbox"/> Family Medical Leave (attach copy of the completed Medical Certificate for Employment Insurance prior to leave approval)								
<input type="checkbox"/> Family Caregiver Leave (attach copy of the completed Medical Certificate for Family Caregiver leave form Medical Certificate for Employment Insurance)								
<input type="checkbox"/> Critical Illness Leave – Critically Ill Minor Child (attach a copy of the completed Medical Certificate for Employment Insurance prior to leave approval)				<input type="checkbox"/> Critical Illness Leave – Critically Ill Adult (attach a copy of the completed Medical Certificate for Employment Insurance prior to leave approval)				
<input type="checkbox"/> Crime-related Child Disappearance Leave (attach a copy of the Federal Income Support for Parents of Murdered or Missing Children Grant Incident Report and Federal Income Support For Parents of Murdered or Missing Children (PMMC) Employment Form prior to leave approval)								
<input type="checkbox"/> Child Death Leave (attach supporting documentation)								
<input type="checkbox"/> Domestic or Sexual Violence Leave – Employment Standards Act (ESA) Information (attach supporting documentation)								
<input type="checkbox"/> Organ Donor Leave (attach a qualified medical practitioner certificate confirming will undergo or have undergone organ donation surgery, specify organ donated, start date of the leave and end date of leave / or to extend a leave for a period of time because the employee is not yet able to perform the duties of their position)								
<input type="checkbox"/> Personal Leave		<input type="checkbox"/> Educational Leave			<input type="checkbox"/> Military Leave			
Resources: Employment Standards Act Service Canada Website SJHH – Leave of Absence Policy								

Employee Signature

Date Signed by Employee

Signature of Manager

Date Signed by Manager

Signature of Director

Required for all leaves greater than 4 weeks, with the exception of pregnancy and/or parental.

Date Signed by Director