

Date of Issue December 2020

Original Date of Issue October 2007

Subject **NON-MEDICAL LEAVE OF ABSENCE PROCESS**

References [Policy 3005 – Student and Staff Well-being](#)

Contact Human Resource Services

1. General Information

- 1.1 Human Resource Services is committed to a leave of absence process that is fair, equitable and consistent. This process is intended to address all non-medical requests for leaves of absences.
- 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 Non-medical Leave of Absence Form (FORM A4005 -1) 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, or manager.
- 2.4 Section B will be completed by the principal, supervisor, or manager and will then be emailed to Human Resource Services.

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 collective agreement, if applicable?
- 3.3.2 Has the employee completed their 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, grandparent, 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 Assistant will communicate the decision by board email, copying the principal, manager, or supervisor, the employee and the Payroll Department.
- 3.7 If there are instructions regarding the implementation of the leave, a formal letter and/or email detailing the instructions will be included.

First Issued
Revised

October 2007
August 2014, November 2016, December 2020

Issued under the authority of the Director of Education

REQUEST FOR NON-MEDICAL LEAVE OF ABSENCE

SECTION A: TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ Employee I.D. Number: _____ FTE: _____

School or Work Location: _____ Schedule (if part-time): _____ Permanent Temporary Employee Group: *(Please check appropriate box)*

Union:	OPSEU <input type="checkbox"/>	ETFO (TEACHING) <input type="checkbox"/>	ETFO (DECE) <input type="checkbox"/>
	CUPE <input type="checkbox"/>	OSSTF <input type="checkbox"/>	INSTRUCTORS <input type="checkbox"/>
	APSSP <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: _____ Total # of Days Requested: _____

Reason For Leave: *(Please be specific)* _____Attach supporting documentation and information on extenuating circumstances *(e.g. medical information, proof of travel plans, community service, etc.)*

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 absence replacement system. If this absence is without pay the salary deduction will occur on the next regularly scheduled pay following the principal, manager, or supervisor's validation of the absence in the absence replacement system. Please submit to your principal, manager, or supervisor for authorization.

Employee Signature: _____ Date: _____

SECTION B: TO BE COMPLETED BY PRINCIPAL, MANAGER OR SUPERVISOR

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

SECTION C: TO BE COMPLETED BY HUMAN RESOURCE SERVICES

Authorized Signature: _____ Title: _____ Date: _____

Please email this form to: leaverequests@scdsb.on.ca

Leave request status will be communicated via board email.