



REQUEST FOR LEAVE OF ABSENCE

A. EMPLOYEE INFORMATION

Employee Name: _____ Position: _____
Email Address: _____ Phone Number: _____
School/Department: _____ Employee #: _____

Please Check

- Regular full time
 Regular part-time

B. TYPE OF ABSENCE REQUESTED

- | | | |
|---|--|---|
| <input type="checkbox"/> Maternity (Doctor's Certificate) | <input type="checkbox"/> Family Responsibility | <input type="checkbox"/> Return to Studies |
| <input type="checkbox"/> Extended Maternity Leave | <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Paternity | <input type="checkbox"/> Deferred Salary (see appropriate appendix in collective agreement) | <input type="checkbox"/> Loan of Service |
| <input type="checkbox"/> Parental | <input type="checkbox"/> Progressive Retirement (see appropriate appendix in collective agreement) | <input type="checkbox"/> Extension of Current Request |
| <input type="checkbox"/> Adoption | | <input type="checkbox"/> Deferred vacation |
| <input type="checkbox"/> Early Return from Leave | | <input type="checkbox"/> Other |

Please Specify: _____

Please Attach Necessary Documentation

Requested date of absence from : _____ To: _____ Clause: _____

C. PREVIOUS LEAVES

Have you previously received a leave of absence? YES NO (If "yes", provide information below)

Date of leave: From: _____ To: _____ Total time taken _____

Purpose of leave: _____

Administrator Name: _____ Title: _____

D. TO BE COMPLETED BY ADMINISTRATOR

Staff member was hired on _____.

He/she started in this School/Centre/Department on _____.

Particulars of Request (attach documentation if more space is required)

How will the staff member's duties and responsibilities be handled during his or her leave of absence?

E. ADMINISTRATOR'S ADDITIONAL COMMENTS AND RECOMMENDATIONS

Approved

Not Approved

Administrator signature: _____

Date: _____

Employee Signature: _____

Date: _____

F. BOARD APPROVAL

Approved

DHR signature: _____

Date: _____

Confirmed date of leave: From: _____ To: _____ Clause: _____

Comments: _____

Not Approved DHR signature: _____

Date: _____

Reason if not approved: _____

Please Note:

You may redeem periods of leaves of absence without pay upon your return or at retirement. You will avoid unnecessary interest charges if you redeem the time upon your return. Please visit www.retraitequebec.gouv.qc.ca and complete form #727 (Redemption of Service) and return it to Human Resources.

Overall elements taken into consideration for a request of a leave of absence (in no order of priority).

- maintenance of the quality of services to the clientele
- the reasons for the request
- the type of leave
- the time of the school year
- the length of the leave
- the work distribution and organization
- the history and record of employment of the employee
- the number of requests in the school, service, field of responsibility and in the Board
- the availability of qualified replacement personnel
- the costs/ benefit to the School Board
- the impact on other employees
- the recommendation of the immediate superior