If you are interested in applying for a leave of absence without pay from the Elementary Occasional teachers’ list, you must complete the attached leave request form. Leaves must be requested with as much notice as possible. You will receive written notification to confirm approval or denial of your request.

# Eligibility/Period of leave:

1. Elementary OTs – less than one year: Leaves may be granted for 2 months or more but less than one school year.
2. Elementary OTs – full school year: Leaves shall be granted for a full school year (September to June) after the completion of two (2) years of employment as an OCSDB occasional teacher.

# Exemption from the annual purge process:

1. Elementary – **less than one year**: You must work a minimum of 20 days between September 1 and June 10 in order to remain on the OT list unless the leave is granted on medical or compassionate grounds.
2. Elementary – **full school year:** If you have received written approval for a full school year leave (September to June), you are exempt from the purge and are not required to complete 20 days of work to remain on the list for the following school year.

**Leave request/approval** - If you are interested in a leave of absence for the coming school year please complete the attached leave form and submit it to Human Resources. You will receive a written response as to whether your leave request is approved or denied.

# Seniority during Leave:

There shall be no interruption to seniority for an approved leave.

# Opportunities during approved Leave:

If you apply for a position, and make yourself available for an interview, your consideration shall not be affected by absence on your leave. If you are selected for a position you may be required to terminate your leave to accept the position.

# Right of Return from Leave:

At least four (4) school weeks prior to the end of your leave, you must contact Human Resources to confirm your return. Your name will be returned to the active OT list, subject to the purge process requirements of your collective agreement.

# Questions?

Collective agreement provisions governing leaves are found under article 10.02 a) to c).

Union contact: Pat Dixon

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **THIS SECTION TO BE COMPLETED BY EMPLOYEE** | | | | | |
| EIN: |  | Employee Name: |  | Employee Group: | Elementary OT |

Address: Telephone:

Email:

I am applying for a leave of absence without pay for

(dates):

To

YYYY/MM/DD YYYY/MM/DD

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reason for Leave: | Family | Study | Pregnancy | Other Employment | Other: |

YES NO: I have been continuously employed with the OCDSB for at least two (2) years immediately prior the effective date of this leave.

|  |  |  |
| --- | --- | --- |
| **\*Employee Signature** |  | **Date** |

\*(Typed signature is accepted if form is emailed from your OCDSB email address.)

**THIS SECTION TO BE COMPLETED BY HR RECRUITMENT OFFICER / ADMINISTRATOR**

**HR Officer/Recruitment Administrator signature confirms that**:

The Employee has been employed with the OCDSB for at least two (2) years immediately prior to start date of leave (if applicable).

The leave duration is within the provisions stated in the Collective Agreement.

Comments:

This leave has been: **Approved Denied**

|  |  |  |
| --- | --- | --- |
| **HR Recruitment Officer/Administrator Signature** |  | **Date** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THIS SECTION TO BE COMPLETED BY HR OPERATIONS - Approved Leave Screen** | | | | | | | | | | | | | | |
| Empl. Group Job Code Start Date End Date FTE Reason Cd. PA SE VA R.O.R  % % %  0 Y  N | | | | | | | | | | | | | | |
|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

ATE Tag:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THIS SECTION TO BE COMPLETED BY HR OPERATIONS - Approved Leave Screen** | | | | | | | | | | | | | | |
| Empl. Group Job Code Start Date End Date FTE Reason Cd. PA SE VA R.O.R  % % %  0 Y  N | | | | | | | | | | | | | | |
|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

ATE Calendar: Leave Spreadsheet:

Letter and return notification prepared and sent to employee (copy to HR file):