

APPLICATION FOR LEAVE OF ABSENCE (EXTENDED PARENTAL LEAVE)

(to be completed and returned to the Human Resources Department)

Name		Employee ID	
School/Location			

Start Date of Leave: _____

End Date of Leave: _____

BENEFITS

You will be invoiced by the Board’s Accounting Department for the cost of benefits maintained.

Employees on extended parental leave are responsible for the full cost of benefits maintained and there is no Board contribution. Benefits not maintained while on pregnancy/parental leave cannot be covered during extended leave.

Compulsory:

These are the benefits you must carry as condition of employment. Please refer to your Collective Agreement and your pay statement. 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.

- I wish to maintain the compulsory benefits.
- I not wish to maintain compulsory benefits.

Optional:

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.

- I wish to maintain optional benefits
- I do not wish to maintain optional benefits

Applicant Signature _____

Date _____

Please note: (1) Please refer to your Collective Agreement for timing of return from extended parental leave.
(2) H.R. is not responsible for sending copies as required by your Collective Agreement.