

# APPLICATION FOR LEAVE OF ABSENCE (OCCASIONAL/CASUAL EMPLOYEES)

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

\*\* Occasional Teachers should refer to their Collective Agreement for details and eligibility requirements \*\*

<b>Name</b>		<b>Employee ID</b>	
<b>School/Location</b>			
<b>Contact Information on Leave</b>	(Address, Telephone, Email)		

I wish to apply for:

- Pregnancy Leave.**  
Expected date of childbirth \_\_\_\_\_  
(Attach confirmation of due date from health care provider)
  
- Adoption Leave.**  
Expected date of child first coming into care and control of employee \_\_\_\_\_
  
- Parental Leave (Attach proof of birth)**
  
- Voluntary Leave of Absence (one [1] year maximum)**
  
- Critical Ill Child Leave (Attach ESA Medical Certificate)**
  
- Family Medical Leave (Attach ESA Medical Certificate)**
  
- Family Caregiver Leave (Attach ESA Medical Certificate)**

**Start Date of Leave:** \_\_\_\_\_

**End Date of Leave:** \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Please update any changes to your address in the Employee Self Service Portal or contact the Human Resources Department by email.