

Human Resources
**Leave of Absence
Request Form**

First Name: Last Name: Employee #:

Department: Job Title:

Status: Full-time Part-time Casual Temporary

Supervisor Name:

Dates: (Start Date) (Anticipated Return Date)

- Type of Leave:
- Pregnancy/Parental**
(attach qualified health practitioner's note indicating expected date of delivery)
 - Parental (Natural Parent or Adoption)**
(attach birth registration or adoption documents when available)
 - Medical – Non Occupational**
(Current attending Physician Statement required to be on file with Health Office prior to leave approval)
 - Medical – Occupational (WSIB)**
 - Family Medical Leave**
In accordance with Employment Standards Act and Employment Insurance A (compassionate care benefits) - 8 week leave to provide care & support to a family member for whom a qualified health practitioner has issued a certificate indicating the family member has a serious medical condition & there is a significant risk of death occurring within a period of 26 weeks .
 - Personal** **Educational**
 - Military**

Employee Signature

Signature of Manager/Director Approval
(must approve within 14 days)

Signature of Executive Team Approval
Required for leaves in excess of four weeks with the exception of pregnancy/parental leaves.

Date Signed by Employee

Date Signed by Manager/Director

Date Signed by Executive Team

- Keep a copy for your records
- Send a copy to Human Resources – West 5th Campus.
Fax: 905 381 5609 Email: benefit-records@stjoes.ca