

ST. LEONARD'S COMMUNITY SERVICES

Function: Human Resources
Policy: Appendix 21 - Request for Leave
CMHO Standard(s):
Approved: April 2005



Appendix 21 REQUEST FOR LEAVE
Approved April 2005

Staff Name _____

Position _____

Department _____

This serves as my formal written request to take a leave of absence from my employment as laid out in the Employment Standards Act, 2000. I request this leave for the following reason:

- Pregnancy Leave - 17 week maximum
Parental Leave - 35 week maximum if Pregnancy leave taken, otherwise 37 week maximum
Family Medical Leave - 8 Week maximum
Emergency Leave - 10 day maximum

My leave will commence on the _____ day of _____, 200____, and will end on the _____ day of _____, 200_____.

I am aware that I am required to provide 4 weeks written notice to my employer of my intention to change the return date, either to shorten or extend my leave. Furthermore, I understand that failure to return on the specified date without providing 4 weeks written notice to my employer will be considered my resignation from the Agency.

Staff Signature

Service Director Signature

Date

Date