

REQUEST FOR LEAVE OF ABSENCE

January 2018

This form must be used when an employee requests absence from duty for any reason which specifically requires approval. **Your supervisor will notify you of any changes from your initial request.**

TO BE COMPLETED BY EMPLOYEE

Name:	Position:
Employee ID:	Location:

EMPLOYEE GROUP:

- O.S.S.T.F. E.T.F.O. CUPE 1238 Principal/Vice Principal
 OSSTF Occasional/LTO E.T.F.O. Occasional/LTO Non-Union/Management

Permission is hereby requested to be absent from duty for the period of:

First Day of Leave: _____ Return to Work Date: _____

Total # of Days Absent: _____ Full (1.0) or Half Day (.5): _____

Number of Teaching Lines Absent (OSSTF): _____

Collective Agreement Article #: _____ Reason Code / LKARS #: _____

Name of Supply: _____

Description of Absence: _____

Date Submitted: _____

Number of Days requested at Full Pay: _____

Number of Days requested Unpaid: _____

Employee Signature: _____

Number of Days (Teachers) Less Cost of Supply: _____

TO BE COMPLETED BY PRINCIPAL / SUPERVISOR

Comments: _____

Principal/Supervisor's Signature: _____ Date: _____

NOTE: A medical certificate indicating the expected date of birth must accompany Pregnancy/Parental Leave requests.

Fax forms to Staff Absence - Human Resources, Chatham at 519-354-1633

Personal information is collected under the authority of The Education Act and will be used for employment purposes.

Submit to Human Resources if any of the following leaves are taken:
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Collective Agreement Article #**REASON CODE / LKARS #****ELEMENTARY TEACHERS**

Article L17:02	Adoption Leave – unpaid, long term	AL.....	01
Article L18:01	Child Care Leave – unpaid, long term.....	CCL.....	83
Article L16.03.2	Court Deduction - unpaid	CRT.....	87
Article L17.04.1	Extended Parental – unpaid, long term	EPAR.....	95
Article L16.03.4	Extended Personal Leave – unpaid, long term	EPL.....	99
Article L16:03	Unpaid Leave – unpaid, short term	L.....	133
Article L16.04.1	Personal Circumstances – less cost of supply, 2 max.....	PC.....	149
Article L16.04.2	Graduation Leave (spouse/child) – less cost of supply	GRF.....	121
Article L17.01	Pregnancy/Parental Leave – unpaid, long term	PPL.....	155
Article C7.00	Sickness (5 or more days, attach medical note)	S.....	163
Article L16.06	Discretionary Leave	DL.....	91
	ESA Family Medical Leave	FML.....	204

LONG TERM OCCASIONAL ELEMENTARY TEACHERS

Article L902 (a).....	Unpaid Leave – unpaid	L.....	133
Article L903 (f).....	Personal Circumstances – less cost of supply, 2 max.....	PC.....	149
Article L903 (d).....	Discretionary Leave.....	DL.....	91

(ETFO LTO teachers **are NOT** entitled to the following leaves – Family Care Leave, Personal Medical Leave, Wedding Leave, and Graduation Leave)

SECONDARY TEACHERS

Article L18.02.1	Adoption Leave – unpaid, long term	AL.....	01
Article L16.04 (b)	Court Deduction – less cost of supply	CRT.....	87
Article L18.01.2	Extended Parental – unpaid, long term	EPAR.....	95
Article L16.06	Extended Leave of Absence – unpaid, long term	EL.....	93
Article L16:04 (e)	Personal Circumstances – less cost of supply, 2 max.....	PC.....	149
Article L16.04 (d)	Graduation Leave (spouse/child) – less cost of supply.....	GRF.....	121
Article L16.05 (c).....	Unpaid Leave – unpaid, short term	L.....	133
Article L18.01.1	Pregnancy/Parental Leave – unpaid, long term	PPL.....	155
Article L16.04 (c).....	Wedding Leave – less cost of supply	WD.....	187
Article C9.00	Sickness (5 or more days, attach medical note)	S.....	163
Article L16.03 (m) ...	Discretionary Leave.....	DL.....	91
	Paid Day Off – OSSTF Remedy Agreement.....	PDO.....	205

LONG TERM OCCASIONAL SECONDARY TEACHERS

(OSSTF LTO teachers are entitled to leaves as per Article L16.01-L16.04, Article L16.05 (c), Article L17.01 and Article L17.04 of The OSSTF Permanent Collective Agreement)

C.U.P.E. / NON-UNION (Note: Non-Union do not refer to CUPE Article # when completing form)

Article L20.09 (a)	Pregnancy/Parental Leave – unpaid, long term	PPL.....	155
Article L20.09 (a)	Adoption Leave – unpaid, long term	AL.....	01
Article L20.09 (b)	Extended Parental Leave - unpaid, long term.....	EPAR.....	95
Article L20.11	Discretionary Leave - paid.....	DL.....	91
Article L20.08 (b)	Graduation/Wedding Leave (spouse/child) – unpaid	GRF.....	121
Article L20.05 (a,b) .	Jury Duty	J.....	127
Article L20.01	Unpaid Leave – unpaid, short term	L.....	133
Article L20.10	Extended Leave of Absence - unpaid, long term	EL.....	93
Article C6.00	Sickness (5 or more days, attach medical note)	S.....	164
	Scheduled Unpaid Leave Plan	SULP.....	118

January 18, 2018

Dear [REDACTED]:

RE: SECONDARY TEACHERS - MATERNITY LEAVE

Your request for a Pregnancy Leave has been approved. Your Leave of Absence begins **March 2, 2018 to March 1, 2019**. Please review the information below and return all forms to the Human Resources Department, Sarnia Education Centre, when completed. The forms are for your WSIB/LTD Assignment, LTD Coverage while on Leave, EAP Benefits and Long Term Disability Billings. All of these forms must be completed and returned to the Board office.

RECORD OF EMPLOYMENT

Your Record of Employment will be electronically transmitted to your local Human Resources Development Canada office. You will not be sent a copy of your ROE. You can apply either on line or at your local office for benefits. When completing your E.I. Application it is necessary to indicate that you are eligible for a SUB Plan payment in order for their office to generate a Benefits Statement.

E.I. BENEFITS:

As per the Memorandum of Understanding between the Government of Ontario and OSSTF, effective May 1, 2013 all "eligible employees" shall receive 100% of their salary for not less than eight (8) weeks, less any amounts received under the Employment Insurance Act during such period. The start date for the top up payment shall be the earlier of the due date or the birth of the child.

In order to apply for this benefit we require a copy of the "My Latest Claim" and "My Payments" pages from your Service Canada account. "My Latest Claim" will show your benefit rate and the date your waiting period was served and "My Payments" will show the amount paid for the waiting period as \$0. Please note; if you use sick leave prior to your Maternity Leave your unpaid waiting period may be waived by E.I. Please submit a copy of the pages to Andrea Rockwood, HR Clerk, Sarnia Education Centre, or copy and paste the information into a word document and e-mail to Andrea.Rockwood@lkdsb.net. A lump sum payment will be made by bank deposit on regular employee pay dates.

Please Note: Information must be submitted at least two weeks prior to pay day in order to meet pay cut off.

Additionally, please contact Andrea Rockwood via phone at ext. 31595 or by e-mail with the date of the birth of your baby as soon as possible, as the birth date may affect the start date of your leave.

BENEFITS:

You will be billed for EAP at a later date to reflect new rates. You will need to contact OTIP directly regarding the remainder of your benefit coverage.

TEACHERS' PENSION PLAN:

As of September 1, 2010 all leave periods will be submitted by the board directly to Teachers Pension Plan and you will be able to pay for your leave directly to TPP. If you have any questions regarding this new change contact TPP at www.otpp.com or at 1-800-668-0105.

ONTARIO COLLEGE OF TEACHER MEMBERSHIP:

Payroll deducts OCT fees on January 15th each year. If you are not being paid by the Board on that date; it is your responsibility to remit your fees directly to the OCT to remain in good standing. If your membership lapses there is an additional reinstatement fee charged by OCT. For further information on OCT membership go to the website www.oct.ca.

WAIVER FOR LONG TERM DISABILITY:

You have the option, while you are on Leave of Absence, of retaining or not retaining your coverage during your leave. I have enclosed a form, which you will need to complete and return to the Human Resources Department, Sarnia Education Centre. Please contact your federation office if you opt to discontinue your L.T.D. coverage – **they must approve your decision.**

EXPIRATION OF LEAVE OF ABSENCE:

Please contact the Board Office two weeks prior to your return for reinstatement of salary and benefits.

(If we do not have a reply from you two weeks prior to your return date, you will need approval from the Board for an extension to your Maternity/Parental Leave.)

If you wish to discuss anything further, please do not hesitate to contact me at 336-1530 Ext 31595.

Regards,

Andrea Rockwood
Human Resources Clerk

Encl. Memorandum – Secondary Teachers – LTD
WSIB/LTD Assignment
LTD Billing – to follow
EAP Billing – to follow

MEMORANDUM – SECONDARY TEACHERS

To: _____

From: Andrea Rockwood, HR Clerk

Date: _____

RE: LTDI – Long Term Disability Insurance for Secondary Teachers – Coverage while on Leave of Absence

The insurer has offered you the option of retaining or not retaining your coverage while on Leave. Please complete the Continuation of Coverage While Not At Work section below with your decision to continue or discontinue your LTDI coverage while on your leave.

Please contact your Federation if you opt to drop your LTDI – they have to approve your decision.

CONTINUATION OF COVERAGE WHILE NOT AT WORK (ON LEAVE)

I am going on a leave of absence for the period of _____ to _____.
I am currently insured by OTIP Life Insurance for Long Term Disability Benefits, and while on leave wish to elect the following:

___ **Maintain my Long Term Disability Coverage and prepay my premiums.**

___ **Discontinue my Long Term Disability Coverage at the commencement of my leave of absence. I understand that when I return my coverage will be reinstated immediately, but subject to the pre-existing conditions outlined below and contained in the master policy.**

PRE-EXISTING CONDITION CLAUSE:

No Benefits will be paid for:

Disability arising from illness, disease or injury for which the member obtained medical care before he/she became insured. Medical care is considered to be obtained when a person consults a doctor, uses medication on the advice of a doctor, or received other medical services or supplies.

The exclusion does not apply if disability occurs after:

- a) The member has been continuously insured for 1 years ;or
- b) The member has not had medical care for the disease or injury for a continuous period of 90 days ending on or after the date the insurance took effect.

Signature of Employee

Date



WSIB/LTD ASSIGNMENT

I, _____, hereby assign the Lambton Kent District School Board (hereinafter referred to as the "Board") 200 Wellington Street, P.O. Box 2019, Sarnia, Ontario N7T 7L2 (519) 336-1500, any monies owing as a result of overpayment of salary and/or benefit premiums due to payments received by me from any compensation that may be issued by the Workplace Safety and Insurance Board (WSIB) and/or Long Term Disability. I authorize the Lambton Kent District School Board to deduct any monies owing to the Board from future earnings. I also authorize the Board to release to Workplace Safety and Insurance Board (WSIB) and/or Long Term Disability carrier the amount of any overpayment owing to the Board for the WSIB and/or Long Term Disability carrier to direct such overpayment to the Board.

DATE

Signature of Witness

Signature or Employee

Address

City, Province, Postal Code



Lambton Kent District School Board

CHECKLIST FOR MATERNITY/PARENTAL/ADOPTION LEAVE

Enclosed in your package are the following documents:

Forms:

- WSIB/LTD Assignment
- Memorandum for Long Term Disability
- Benefit Action Request
- Long Term Disability Billing

Please indicate below with your signature and date that you have received these forms. Please return this form signed and dated to Krystel Japp, HR Clerk, Human Resources Sarnia.

Print Name

Date

Signature

**LONG TERM DISABILITY BILLING
SECONDARY TEACHER**

Name: _____ **ID#:** _____ **Location:** _____
Type of Leave: _____ **From:** _____ **To:** _____ **Salary:** \$ _____

The following is a list of the monthly premium costs of your Long Term Disability Coverage based on your annual salary in effect at the start of your leave. *Payment can be made by a series of post-dated cheques dated the first of each month or a lump sum payment – make cheques payable to the Lambton Kent District School Board.*

Month	Year	Rate	Pay %	Amount	For office use only: Date received/comments
March	2018	1.607%	8%	«Mar_Amount»	LTD Rates are up for renewal every March. If you choose to
April	2018	1.607%	8%	«Mar_Amount»	Maintain your LTD you will be sent another billing once rates are
May	2018	1.607%	8%	«May_Amount»	Confirmed for the remainder of your leave.
June	2018	1.607%	20%	«Jun_Amount»	
September	2018	1.607%	12%	«Sept_Amount»	
October	2018	1.607%	8%	«Oct_Amount»	
November	2018	1.607%	8%	«Nov_Amount»	
December	2018	1.607%	12%	«Dec_Amount»	
January	2019	1.607%	8%	«Jan_Amount»	
February	2019	1.607%	8%	«Feb_Amount»	
Total				«Total»	

Note: Please sign and date this form. Return this form with your post-dated cheques by «Receivedby» to ensure benefits will not be cancelled. *This form must be returned even if you are indicating that you do not want the coverage while on your leave.*

Signature: _____ **Date:** _____

Return to: Lambton Kent District School Board, Human Resources Department, 200 Wellington Street, P. O. Box 2019, Sarnia, ON N7T 7L2