



HUMAN RESOURCES DEPARTMENT
225 Central Avenue West
Brockville, ON, K6V 5X1
askuchr@ucdsb.on.ca

NOTIFICATION FOR LEAVE – ALL EMPLOYEES

Pregnancy/Parental/Adoption Leave [] Other Statutory Leave (i.e. Compassionate/Family Care) []
(NOT to be used for Personal Days)

Leave requests must be in accordance with your respective Collective Agreement

Identify your employee group: ETFO [] CUPE [] PSSP [] OSSTF [] Non-Union [] P/V/P []

EMPLOYEE: All information is required. Please print clearly below.

Name _____ Employee ID _____ Job Title _____ Work Location _____

1st Day on Leave _____ 1st Day Back to Work _____ *Expected Delivery Date: _____

*FOR Pregnancy/Parental Leave: Please submit a doctor's note indicating the expected delivery date along with this form.

Additional Information: _____

Please confirm your return from leave date via askuchr@ucdsb.on.ca four (4) weeks prior to your return to work.

IMPORTANT: PLEASE READ BELOW

BENEFITS: Benefit coverage while on leave is in accordance with your respective Benefits Trust. Please contact your Benefits Trust for any questions related to your continuation of benefits.

LONG TERM DISABILITY (LTD): Not applicable for PVPs as LTD is through OPC

- LTD is administered by the UCDSB, all other benefits have transitioned to your Benefits Trust.
- To determine your monthly LTD premium obligation amount, if you wish to maintain LTD while on leave, view your bi-weekly pay reports via Self-Serve on the main page of INSITE.
- If you decline to maintain LTD coverage there may be exclusions to your eligibility when you return from leave.

MAKE YOUR SELECTION: *Maintain LTD [] Decline LTD []
(*Mandatory for ETFO employees)

- Premiums will be collected from you on the last business day of each month.
- We will deduct the monthly cost from the bank account that is currently on file unless otherwise notified in writing.

CERTIFICATION: Teachers and RECEs must ensure their certification is in "Good Standing" effective the date of return to work.

Signature of Employee _____ Date _____

PRINCIPAL/SUPERVISOR: Request Received []

Signature of Principal/Supervisor _____ Date _____

HUMAN RESOURCES DEPARTMENT: Notification Received []

Comments: _____

Signature of Human Resources Officer _____ Date _____