

HUMAN RESOURCES DEPARTMENT

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

REQUEST FOR AN **UNPAID** LEAVE OF ABSENCE – ALL EMPLOYEES (**NOT** to be used for Personal Days)

	(NO	T to be used	for Person	al Days)		
Leave requests must be in						acceptable reasons
	for unpaid	leave and unp	paid leave red	quest timelines)	
Identify your employee group	: ETFO □	CUPE □	PSSP □	OSSTF □	Non-Union □] P/VP □
EMPLOYEE: All information is required. Please print clearly below.						
Name	Employee	ID	Job Title		_ Work Location	on
Detailed Reason for Leave Re						
				FTE of Leave:		
Secondary Teachers Only: S	emester One	FIE of Leav	e :	Semester I	wo FIE of Lea	ve:
Please confirm you return fro	m leave date	via <u>askuchr</u> (@ucdsb.on.c	a four (4) wee	ks prior to you	r return to work.
IMPORTANT: PLEASE RE	AD 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 (LTI)): Not applica	able for PVPs	as LTD is th	rough OPC		
 LTD is administered by the UCDSB, all other benefits have transitioned to your Benefits Trust. To calculate your monthly LTD premiums, if you wish to maintain LTD while on leave, click on the AskUC icon located on the main page of INSITE and search 'Calculating LTD Premiums'. Or, your LTD deduction amounts can be viewed on your bi-weekly pay reports via Self-Serve on the main page of INSITE. If on an unpaid leave for supported medical reasons, you will <u>not</u> be eligible to carry LTD coverage while on leave. If you decline to maintain LTD coverage there may be exclusions to your eligibility when you return from leave. 						
MAKE YOUR SELECTION:	*Maintain LTD □ (*Mandatory for ETFO employees			Decline LTD □)		
 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. 						
CERTIFICATON: Teachers and RECEs <u>must</u> er	sure their ce	rtification is	in "Good Sta	anding" effect	ive the date of	return to work.
Signature of Employee	ture of Employee Date					
PRINCIPAL/SUPERVISOR: (ne	<u>ot</u> required for	medically sup	ported leave			
Signature of Principal/Supervisor	or			Date		
HUMAN RESOURCES DEPAR	TMENT:	Request /	Approved □	Not A	Approved □	
Comments:						
Signature of Human Resources						
Signature of Human Nesoulces	JIII001					