



## LEAVE OF ABSENCE WITHOUT PAY REQUEST Elementary Academic

(Not to be used for Leave Extensions, X/ Y, Job Sharing, or any other paid leave)

If you are interested in applying for a full or partial leave of absence without pay for the coming school year please complete the attached leave request form. Leaves of absence are approved in advance of the following school year.

**Eligibility** - To be considered for a leave of absence without pay, you must have been continuously employed with OCDSB for at least two (2) years as a contract (permanent) teacher. A teacher on any form of leave is not eligible for any other form of leave until the expiry of the initial leave period. This must be your initial request (e.g. no leave without pay or statutory leaves immediately preceding). Extensions to current leaves are requested on form 453 Leave Approval – Return Notification Form.

**Period of Leave** – Leaves of absence without pay may be granted for the full school year. Extensions may be granted annually provided the total leave period, including the initial leave and any extension(s), does not exceed five (5) years. For leave requests of less than a full school year, Article L20.01(c) applies. It states *"In unusual personal circumstances, the Director of Education or designate may grant such leaves of absence for periods of less than one school year"*.

**Leave Approval** - If you are interested in a leave of absence for the coming school year please complete the attached leave form. Please forward the authorized leave form to Employee Services, no later than the posted bulletin deadline.

**Leave Denial** - If your leave request is not approved, you will receive the decision in writing.

**Seniority during Leave** – In accordance with the Collective Agreement, there shall be no interruption to continuous service for seniority while on leave.

**Experience Credit during Leave** - You shall not accumulate further experience during the period of fulltime leave. Crediting of experience for part-time leave shall be in accordance with Article L10 of the Collective Agreement.

**LTD & Health Insurance Benefit Costs during Leave** – As per the Elementary Federation, effective Nov. 1, 2013, Elementary Teachers do not have the option to discontinue LTD coverage while on leave. You must maintain 100% coverage and continue to remit premiums to the OCDSB. Premiums will be deducted on a monthly basis from the same bank account you receive your pay. The deduction will occur for the last Tuesday of each month you are on leave. If you have questions regarding your LTD premiums while on leave please contact your Federation. If you are taking a partial leave without pay, LTD premiums will continue to be deducted from your regular pay during your leave and you will not be issued a benefit statement.

For any Health Insurance benefits you have with OTIP you must contact them directly. You can reach OTIP at 1-866-783-6847.

### **OCT Fees**

Payroll deducts the annual Ontario College of Teachers' (OCT) fees from the first three (3) pays of January/February in each calendar year. If you return during this time frame, the onus is on you to confirm with your HR Advisor whether you have already made your OCT payment. **If you are not in receipt of pay during all three pays at the start of the calendar year, your OCT fees will not be deducted by the Board.** It will be your responsibility to directly remit your fees to the College by April 15th (a penalty is imposed for late payments). You can pay your membership fee online at [www.oct.ca](http://www.oct.ca) or by contacting OCT directly at 1-888-534-2222.

**Address while on Leave** – Teachers on Leave of Absence shall respond to requests from the Employer for information related to their intentions regarding their return to work, and they shall ensure the Employer had up-to-date contact information. To do this, please complete the "Change in Personal Information Form". The form can be found on the Staff Portal under Employee Services or through the following link: [Change of Personal Information Form](#).

→ You must be on the Board's network in order to access the form.

→ If you require assistance in accessing the form, please contact our Client Service Centre at [csc@ocdsb.ca](mailto:csc@ocdsb.ca)

**Pension Purchase for Leave Period** – You may continue your pension contributions during your leave (full-time leave only). We will inform TPP about your upcoming absence through our regular reporting process. If you are registered for iAccess Web, the TPP's secure member website, you can go online ([www.otpp.com](http://www.otpp.com)) to investigate your buyback options, and for further information you can also call TPP at 1-416-226-2700 or 1-800-668-0105 if you are not registered. If you are taking a partial leave, you will not be eligible to purchase TPP credit for your absence.

**Right of Return from Leave** – Teachers on leave of absence will have right of return to their school for a period of up to three (3) years (Article L20.07). Such return will be subject to surplus/redundancy procedures.

**Questions?** - Collective agreement provisions governing leaves are found within Article L20.00 Leaves of Absence without Pay.



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### THIS SECTION TO BE COMPLETED BY EMPLOYEE

EIN: <input type="text"/>	Employee Name: <input type="text"/>	Employee Group: <input type="text"/>	
FTE: <input type="text"/>	Position: <input type="text"/>	Work Location: <input type="text"/>	
Address: <input type="text"/>	Telephone: <input type="text"/>		
<input type="checkbox"/> I am applying for a leave of absence without pay for: <input type="text"/>		From <input type="text"/> % of leave	To <input type="text"/> YYYYMMDD
			YYYYMMDD

Please provide detailed information in relation to the nature of your request.

For short term requests (less than one year), please provide details regarding the dates/location of specific events.

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I am an employee who has completed at least two (2) years of continuous contract (permanent) employment with the OCDSB.

YES  NO

**Employee Signature**

(Typed signature is accepted if form emailed from OCDSB email account)

**Date**

### THIS SECTION TO BE COMPLETED BY PRINCIPAL

Principal signature indicates awareness of the request, which is subject to Employee Services/Senior Staff approval/confirmation.

Comments:

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**Principal Signature**

(Typed signature is accepted if form emailed from OCDSB email account)

**Date**

### THIS SECTION TO BE COMPLETED BY HR TEAM MANAGER / ADVISOR

HR Team Manager/Advisor signature confirms that:

The Employee has completed at least two (2) years of continuous contract (permanent) employment with the OCDSB  
 This is the Employee's initial request (e.g. no leave without pay or statutory leaves immediately preceding)  
 Leave request is for full school year  Less than a full school year (requires Director / Designate signature below)  
 HR has communicated with the Principal regarding staffing implications of this leave request.

Comments:

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This leave has been:  **Approved (Proceed with Staffing)**  **Denied (Email Employee with reasons)**

**ES Team Manager/ HR Advisor Signature**

**Date**

### THIS SECTION TO BE COMPLETED BY DIRECTOR OF EDUCATION OR DESIGNATE

Article L20.01 (c) In unusual personal circumstances, the Director of Education or designate may grant such leaves of absence for periods of less than one school year.  **Approved**  **Denied**

Comments:

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**Director / Designate Signature**

**Date**