



# REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY PROBATIONARY/PERMANENT STAFF - Unit A (PSSP)

**NOTES:**

- A “Benefits Election Form” regarding continuation of Insured Employee Benefits for the duration of a leave of absence appears on the reverse and must be completed as part of this application; further information on premium costs will be forwarded from Employee Services – Benefits once a leave is approved
- Applications for full year leaves of absence received in Employee Services, Unit A by MARCH 31 will receive confirmation of status by May 31.
- Fax this completed form to Employee Services, Unit A, 5050 Yonge Street, 416-397-3519

EMPLOYEE NAME: _____	
Surname	Preferred Name
POSITION: _____	WORK LOCATION: _____
EMPLOYEE NO. _____	STATUS: ___ Probationary      ___ Permanent
FTE: ___ Full-time	___ Part-time
EMPLOYEE’S MAILING ADDRESS: _____	
EMPLOYEE’S SIGNATURE: _____	DATE: _____

<b>1. LEAVE OF ABSENCE WITHOUT PAY</b>	
From: ____/____/____/	To: ____/____/____
YY   MM   DD	YY   MM   DD
Current Status: ___ on leave of absence      ___ at work	
Reason: _____	

<b>2. SUPERVISOR’S UPDATE</b>	
_____ Recommended	_____ Not Recommended
If “Not Recommended”, the reason is _____	
<b>SIGNATURE – Principal/Regional Co-ordinator:</b> _____	<b>DATE:</b> _____
<b>SIGNATURE – Central Principal/Co-ordinator:</b> _____	<b>DATE:</b> _____

<b>3. CONSIDERATION FOR APPROVAL – EMPLOYEE SERVICES</b>	
_____ Approved	_____ Not Approved
<b>SIGNATURE:</b> _____	<b>DATE:</b> _____
<i>Distribution:</i> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• Employee</li> <li style="display: inline-block; width: 45%;">• Employee Services – Employee Benefits</li> <li style="display: inline-block; width: 45%;">• Supervisor</li> <li style="display: inline-block; width: 45%;">• Pension Administration</li> </ul>	

## **BENEFITS ELECTION**

### **EMPLOYEE BENEFIT COVERAGE DURING LEAVE OF ABSENCE**

Employees covered through the Board's Insured Employee Benefit Plans, prior to the start of a leave, are eligible to continue coverage through the Board during the leave period.

Please indicate your wishes below:

- |  |
|--|
| <p>[ ] I <b>DO</b> wish to continue to participate in the Board's Employee Benefits Plans. I understand that the Employee Benefits Office will contact me in the near future about this request.</p> <p>[ ] I <b>DO NOT</b> wish to continue to participate in the Board's Employee Benefit Plans.</p> <ul style="list-style-type: none"><li>• I understand that if I <b>SUSPEND</b> any benefits during my leave, such benefits will be automatically re-activated upon my return to work, at the same level as prior to the start of my leave.</li></ul> |
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*The monthly cost of retaining benefit coverage is at the employee's full cost.*

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **Insured Employee Benefits**

*If your application for Leave of Absence is received less than thirty-one (31) days prior to the start of the Leave, the Employee Benefits Department may be unable to terminate benefit coverage prior to the start of the leave. If this occurs, and you do not wish to continue coverage, it is your responsibility to pay for the cost of the benefit premiums for this cross-over period.*

*If you do **NOT** maintain your participation in the Benefits Plans while on Leave, **your participation will be automatically re-activated upon your return to work, at the same level as prior to the start of the leave.***

#### **Semi-Private or Extended Health Care Plans**

*If you "Opt-Out" of the Semi-Private or Extended Health Care Plans, medical information is required to re-enroll in these plans. Re-entry occurs only upon approval from the insurance carrier. However, if applying during the Board's annual October "Open Enrolment", medical information is not required.*

#### **Dental Plan**

*If you "Opt-Out" of the Dental Plan, you may "Opt-In" after a one (1) year period. During the first twelve (12) months in the plan, the maximum claim payment will not exceed \$100.00 per person.*

#### **Pension Contributions**

##### **Ontario Municipal Employees Retirement System (O.M.E.R.S.)**

*A period of broken service, such as an authorized Leave of Absence, does not count as credited pension service in OMERS unless it is purchased. Upon your return to work from your Leave of Absence, you will be offered the opportunity to purchase your leave period by the Pension Administration Unit. The deadline for buying a period of broken service is the end of the year following the year in which the leave ended or before application for an OMERS plan benefit is submitted. Purchasing broken service requires the reporting of a pension adjustment or a past service pension adjustment to Revenue Canada, depending on the date of your election. For more information on how a purchase could affect your income tax situation, you may contact the Pension Administration Unit at 416-395-9642. If you do not buy your broken service by the deadline, you can purchase the period later as a buy-back or as optional service, but the cost may be higher.*

##### **Ontario Teachers' Pension Plan Board (O.T.P.P.B.)**

*During an authorized Leave of Absence, the O.T.P.P.B. **will** consider a leave of absence as a break in continuity of service, and **will not** count a leave of absence as credited service. The O.T.P.P.B. does allow employees to purchase/contribute to ensure all credited service is counted toward pension payable. Employees on Pregnancy/Parental Leave are eligible to continue to pay contributions through the Board during this leave. The Pension Administration Department will contact employees, on Pregnancy/Parental Leaves, about this option. Employees on all other leaves should contact the O.T.P.P.B. before or during a Leave of Absence to determine the cost of purchasing time away from work as credited service and to determine when the purchase period ends.*