

## FACULTY LEAVE(S)/CHANGE REQUEST FORM

NAME: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_  
 LOCAL: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
 FACULTY: \_\_\_\_\_

**EMPLOYEE CLASSIFICATION:**

<input type="checkbox"/> Post-Probationary Regular Faculty	<input type="checkbox"/> Probationary Regular Faculty	<input type="checkbox"/> Contract Faculty
--	---	---

**PROPOSED CHANGE(S):**

<input type="checkbox"/> Maternity	<input type="checkbox"/> Parental	<input type="checkbox"/> Adoption	<input type="checkbox"/> General Unpaid
<input type="checkbox"/> Educational	<input type="checkbox"/> Deferred Salary	<input type="checkbox"/> Political/Union	<input type="checkbox"/> Workload Averaging (overload/underload)
<input type="checkbox"/> Sick (in excess of 5 days to be completed by Administrator)	<input type="checkbox"/> Temporary Workload Reduction to _____%	<input type="checkbox"/> Permanent Workload Reduction to _____%	<input type="checkbox"/> Other (describe) _____

**LEAVE DATES:**

(yyyy-mm-dd)

LDW: _____	Leave from: _____	To: _____	RTW: _____
LDW: _____	Leave from: _____	To: _____	RTW: _____
LDW: _____	Leave from: _____	To: _____	RTW: _____
LDW: _____	Leave from: _____	To: _____	RTW: _____
LDW: _____	Leave from: _____	To: _____	RTW: _____

Are you planning to take any vacation prior to the commencement of the leave and/or at the conclusion of the leave period? If so, when: Vacation from \_\_\_\_\_ Vacation to \_\_\_\_\_  
(yyyy-mm-dd) (yyyy-mm-dd)

I have read the following relevant articles of the Collective Agreement and understand the terms and conditions contained therein with respect to the leave/workload reduction requested:

Article 8.5.1 (Local Agreement): Reduced Workload      Article 7 (Common Agreement): Leaves  
 Article 16 (Local Agreement): Leave, Paid & Unpaid      Article 8 (Common Agreement): Parental Leave

I acknowledge that, for faculty on leaves, except Maternity leave, two months notice of return to work must be provided.

I acknowledge that I may or may not have access to College paid benefits depending upon the type of leave requested and based on entitlements in the Collective Agreement. Details of benefit entitlements should be discussed with Human Resources. **I understand that I am required to continue Basic Life, AD&D, STD and LTD coverage at my own cost.** I agree that any benefits that continue will be pre-paid in full prior to the commencement of my leave. College Pension Plan Benefits will not continue during the leave period, however, you may have the opportunity to purchase service after having returned to employment for a period of time. Human Resources can provide further information in this regard. This is subject to Pension Plan rules, which may change from time to time. I agree that this leave has not been accepted until signed by Human Resources.

Employee Signature	Date	Approved by: Administrator Signature	Date
		Approved by: Human Resources	Date