**LEAVE OF ABSENCE CHECKLIST**

To ensure a smooth transition to and from an employee’s leave of absence, it is important to discuss and clarify the following:

* SUPPORTING DOCUMENTATION
	+ Where applicable, I have supplied the Division with the required supporting documentation for my leave.
* PROPOSED START DATE OF LEAVE

*Taking into consideration my needs and the needs of the Division, the following proposed start date for the requested leave has been agreed upon:*

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* PROPOSED RETURN DATE FROM LEAVE

*Taking into consideration my needs and the needs of the Division, the following proposed return date for the requested leave has been agreed upon:*

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* PAYROLL (please check one)
	+ I understand that this will be an UNPAID leave of absence.
	+ I understand that this will be an UNPAID leave of absence. I will be using accrued sick and vacation days up until the start date of my leave.
	+ I understand that this will be a PAID leave, up until the proposed return date. Any extension(s) of leave beyond the agreed upon return date will require further negotiation.
* GROUP HEALTH & WELFARE BENEFITS
* I will be continuing my Group Health & Welfare Benefits while on leave. I understand I will be sent a Payroll Benefits Memo and it will be my responsibility to pay the Employee portions of the premiums for such coverage in advance of the start date of my leave of absence.

OR

* I will be continuing my Group Health & Welfare Benefits while on leave. I understand I will be sent a Payroll Benefits Memo and it will be my responsibility to pay the Employee AND Employer portions of the premiums for such coverage in advance of the start date of my leave of absence.

 OR

* I will not be continuing my Group Health & Welfare Benefits while on leave. They will cease on the start date of my leave and will resume upon my return to work.
* RECORD OF EMPLOYMENT (ROE)
	+ I will require a Record of Employment to be issued to Services Canada.
* WORKLOAD
* We have discussed my workload and outstanding projects and have made satisfactory arrangements to ensure adequate coverage in my absence.
* EQUIPMENT, TOOLS & ACCESS

I currently possess the following Division equipment and tools (laptop, cellphone, etc.):

Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + The equipment in my possession will be returned before going on leave.
	+ The equipment will NOT be returned before going on leave and will remain in my possession, with the approval of the Executive Director.

□ COMMUNICATION

1. While on leave:

I wish to be informed of critical work-related events (e.g. passing of clients, change in staffing, etc.).

* YES ¨ NO

If YES, while on leave, my preferred mode of communication is:

* Work Email ¨ Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. While on leave:

I wish to be considered for jobs should a vacancy or new job occur during my absence.

* YES ¨ NO

If YES, description of possible job(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In anticipation of my return:
* I understand it is my responsibility to connect with my manager at least four (4) weeks in advance of my return to discuss details of my transition back into the workplace and ensure that Payroll has due notice to re-establish employer-paid benefits *(if eligible).*
* I understand that if I would like to return to work with a modified schedule and/or list of duties, I must provide the Division with supporting documentation (e.g. Physician & Counsellor Planning Form)

□ ADDITIONAL ARRANGEMENTS & NOTES

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Supervisor)