PERSONAL, MEDICAL OR SPECIAL PARENTAL LEAVE OF ABSENCE REQUEST FORM

Current Collective Agreement between TCDSB
and Elementary School Teachers (TECT)
and Secondary School Teachers (TSU)

GENERAL INSTRUCTIONS: This form is to be completed and signed by the employee requesting a **personal, medical or special parental leave of absence without pay**. This form is to be signed by the Principal and forwarded to the Superintendent of Education for signature. The Superintendent of Education will then forward the completed form to Human Resources. **Employees should make application, where possible, at least two months prior to the commencement of the leave through the employee's Superintendent of Education.**

Employee's Name:_____ SAP Employee No.: _____

School/Location: _____Superintendent: _____

Reason For Request: (Please provide brief details) _____

_____

Leave Requested From: _____/_____/_____ **To:**_____/_____/_____
year month day **year month day**

(For medical leave request, please attach a doctor's certificate verifying the reason and anticipated duration of the leave)

FOR HUMAN RESOURCES USE: _____

For further information pertaining to OECTA Benefits coverage, please contact OTIP at 1-866-783-6847 or by e-mail at OECTAenrolment@otip.com

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OECTA Long Term Disability (LTD)

For continued coverage of LTD, contact Diane Hinds, BENEFITS DEPARTMENT 416-222-8282 ext. 2131

CONTINUANCE OF CREDITED PENSION SERVICE

To continue Teachers' Pension Service during your leave of absence, please contact the Ontario Teachers' Pension Plan Board or visit their website at www.otpp.com for further information.

Employee's Signature	Date	Principal's Signature	Date
Superintendent of Education's Signature	Date	Executive Superintendent of Human Resources, Leadership & Equity Signature or Designate	Date