

# ROLLING RIVER SCHOOL DIVISION POLICY

## Leave of Absence

GCBD/P

The Board of Trustees delegates to the Superintendent the authority to approve employee leave of absence as follows:

- unpaid leave of absence up to three (3) months;
- paid leave of absence that is governed by legislation, policy or collective agreement;

All other requests for leaves of absence shall be made in writing to the Board for consideration.

The Superintendent will report employees' leaves of absence to the Board in a Personnel Report to be included in each Board agenda as applicable.

An employee may appeal the decision of the Superintendent regarding a leave of absence request, in writing to the Board of Trustees.

Where an employee under a collective agreement has a leave entitlement which is different than the entitlement specified in this policy, the provision of the collective agreement shall apply.

Time spent on leaves of absence shall not be used for determining entitlement to annual salary increments except as provided for in the current collective agreement.

## Index Regulation

**Date Adopted:** January 7, 1999

**Date Revised:** September 6, 2006 (*Effective Sept 1/06 - Regulation approved June 15, 2006*)

**Date Revised:** November 30, 2006

**Date Revised:** January 25, 2007

**Date Revised:** January 7, 2009

**Date Revised:** May 27, 2009 (*Regulation Effective July 1, 2009*)

**Date Revised:** January 12, 2011

**Date Revised:** June 20, 2012

**Date Revised:** November 5, 2014

**Date Revised:** March 4, 2015

**Date Revised:** February 15, 2017

**Date Revised:** September 19, 2018

**Date Revised:** October 30, 2019

# ROLLING RIVER SCHOOL DIVISION REGULATION

Leave of Absence	GCBD/R
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## 1. Personal Leave

The Superintendent or designate shall be authorized to grant short leaves of absence to employees in accordance with the following:

Definition: Immediate Family will include child(ren), spouse, and parents.

<b>1.1</b>	<p><b>Emergency illness</b></p> <ul style="list-style-type: none"> <li>- of the immediate family or a relative who is a member of the household.</li> </ul>	<p>A maximum of 5 days per year without loss of pay, to be charged to the employee's accumulated sick leave; Additional days to be approved by the Superintendent.</p>
<b>1.2</b>	<p><b>Bereavement</b></p> <p><u><b>Immediate Family</b></u></p> <ul style="list-style-type: none"> <li>- of the immediate family member or a relative who is a member of the household.</li> </ul> <p><u><b>Extended Family</b></u></p> <ul style="list-style-type: none"> <li>- sister or brother</li> <li>- mother or father-in-law</li> <li>- brother or sister-in-law</li> <li>- son or daughter-in-law</li> <li>- grandparent</li> <li>- grandchild</li> </ul> <p><u><b>Other Relative</b></u></p> <ul style="list-style-type: none"> <li>- spouse or partner's grandparents</li> <li>- other relative outside the immediate family who was not a member of the household</li> <li>- if the employee serves as a pallbearer (does not apply to honorary pallbearer)</li> </ul> <p><u><b>Friend</b></u></p> <ul style="list-style-type: none"> <li>- friend</li> </ul>	<p>Up to five (5) consecutive days without loss of pay; Additional days on the approval of the Superintendent.</p> <p>Up to two (2) consecutive days without loss of pay; Additional days on the approval of the Superintendent.</p> <p>Up to one (1) day without loss of pay; Additional days on the approval of the Superintendent.</p> <p>Up to one (1) day deducted at substitute rate for teaching staff or 50% of salary for support staff; Additional days on the approval of the Superintendent.</p>
<b>1.3</b>	<p><b>University or Community College Convocation</b></p> <ul style="list-style-type: none"> <li>- own or immediate family</li> </ul>	<p>Up to one (1) day without loss of pay; Additional days on the approval of the Superintendent.</p>
<b>1.4</b>	<p><b>Graduation (High School)</b></p> <ul style="list-style-type: none"> <li>- immediate family</li> </ul>	<p>Up to one (1) day without loss of pay</p>

## ROLLING RIVER SCHOOL DIVISION REGULATION

Leave of Absence - Continued		GCBD/R
<b>1.5</b>	<p><b>Public service meetings and Voluntary Public Service Emergency Response</b></p> <ul style="list-style-type: none"> <li>- council, school board, etc.</li> <li>- volunteer firefighter, emergency measure work</li> </ul>	Deduct at per diem rate received (as per policy GBG/P)
<b>1.6</b>	<p><b>Participation in Amateur Sports</b></p> <ul style="list-style-type: none"> <li>- for representatives in semi-final or final provincial competition, or representatives of the Province in semi-final or final National competition</li> <li>- for employees selected to be members of National teams of Canada in International competition</li> <li>- Officiating at National or International level</li> </ul>	<p>The number of days of leave shall be as approved by the Superintendent.</p> <p>Deduct at substitute rate for teaching staff or 50% of rate of pay for support staff</p> <p>Deduct at substitute rate for teaching staff or 50% of rate of pay for support staff</p> <p>Deduction of salary at the discretion of the Superintendent.</p>
<b>1.7</b>	<p><b>Maternity / Parental / Adoptive Leave</b></p> <ul style="list-style-type: none"> <li>- for the birth or adoption of a child</li> </ul> <p><b>Paternity</b></p> <ul style="list-style-type: none"> <li>- for the birth or adoption of a male teacher's child(ren).</li> </ul>	<p>As per applicable provincial legislation.</p> <p>Up to one (1) day without loss of pay</p>
<b>1.8</b>	<p><b>Jury Duty / Court Subpoena</b></p> <ul style="list-style-type: none"> <li>- for the jury duty or court subpoena</li> </ul>	As approved by the Superintendent based on personal circumstances.
<b>1.9</b>	<p><b>Sick Leave</b></p>	<p>Employees are expected to arrange medical and dental appointments outside of regular school/office hours. However, Principals/ Supervisors may grant leave for emergency or specialist's medical/dental appointments if necessary. Such leave will be charged against the employee's accumulative sick bank. The Division requires that an employee submit a <i>Medical Certificate</i> form completed by a doctor for any absences due to medical reasons of five (5) consecutive working days or more. The Division may require an employee to submit the <i>Rolling River School Division Medical Certificate</i> form (attached) for any medical leave of any duration.</p>

# ROLLING RIVER SCHOOL DIVISION REGULATION

Leave of Absence – Continued		GCBD/R
<b>1.10</b>	<b>Personal Leave</b>	<p>Non-unionized Support Staff may be granted two (2) days personal leave per school year at no cost to the employee. Personal leave will be prorated based on an employee's full-time equivalent assignment. A full-time employee that commences employment after February 1st in a school year will be eligible for only 1 personal leave day in that school year. An Absence Request must be submitted to the employee's Supervisor / Principal well in advance of the leave, as per Division procedure. Said leave is on a first come first served basis, is approved based on operational requirements, and each day must be taken in its entirety. Due to being scheduled on a split shift basis, a Bus Driver is eligible for a half day Personal Leave upon the approval of the Transportation Supervisor. This leave will not be approved to extend the Christmas or Summer break and cannot be accumulated from year to year.</p> <p>The Transportation Supervisor may approve additional unpaid personal leave days for school bus drivers up to 5 consecutive days.</p>
<b>1.11</b>	<p>The Superintendent has authority to grant personal leave in other special circumstances for up to one (1) day with no deductions from salary or with deduction at his/her discretion.</p>	

Requests for unpaid leave from ten (10) month school-based employees will not be granted except in exceptional circumstances. All other paid leaves must be used/exhausted before an unpaid leave will be considered.

## 2. Loan of Service

<b>2.1</b>	<p>Loans of service of Division employees may be granted by the Board of Trustees for a period not to exceed three (3) years - Approval to be granted by the Board of Trustees on an annual basis.</p>
<b>2.2</b>	<p>Loans of service will only be granted for employment with public organizations, government departments, or service as an executive member on the employee group.</p>
<b>2.3</b>	<p>For the purpose of calculating pension, seniority and other benefits for the employee for whom the loan of service has been granted, employment shall be deemed as continuous.</p>



# ROLLING RIVER SCHOOL DIVISION REGULATION

## Leave of Absence – Continued

GCBD/R

- All casual / Substitute Support Staff MUST complete the following Payroll documentation prior to being assigned for coverage:
  - Support Staff Application Form
  - Completed Criminal Record Check, including a Vulnerable Sector check
  - Completed Provincial Child Abuse Registry Check
  - Completed Direct Deposit Form
  - Completed TD1 Forms
  
- All schools must complete and report all support staff absences on the Employee Absence report, regardless of a replacement substitute / casual employee being assigned.

### Index Policy

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**Date Revised:** June 20, 2012

**Date Revised:** November 5, 2014

**Date Revised:** March 4, 2015

**Date Revised:** February 15, 2017

**Date Revised:** September 19, 2018

**Date Revised:** October 30, 2019



ROLLING RIVER SCHOOL DIVISION  
MEDICAL CERTIFICATE

GCBD/R

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_  
(dd/mm/yyyy)

1. **DURATION OF ABSENCE:**

From \_\_\_\_\_ to \_\_\_\_\_ (inclusive)  
(dd/mm/yyyy) (dd/mm/yyyy)

2. **ILLNESS** (Complete this section with consent of the patient)

On the basis of my review, I conclude that the patient was / will be ill during the duration of absence noted above. YES \_\_\_\_\_ NO \_\_\_\_\_

Check only the statement (s) that apply:

- Review includes patient history
- Review includes examination
- Objective evidence confirmed (signs or investigational data)
- Surgery Required      Date of Surgery: \_\_\_\_\_

3. **FITNESS TO RETURN TO WORK**

I confirm that the above patient is fit to return to work. YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, what is the prognosis for return to work and the estimated date of return to work?

Prognosis for return to work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated date of return to work: \_\_\_\_\_  
(dd/mm/yyyy)

Please indicate if there are any limitations to the employee's ability to perform his/her assigned work upon return to work and the duration of those limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_  
(print)

NAME AND ADDRESS OF PHYSICIAN'S CLINIC: (print) (OR ATTACH CLINIC LETTERHEAD)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_  
(dd/mm/yyyy)