

## REGION OF QUEENS MUNICIPALITY

### **Operational Policy No. 19 COMPASSIONATE LEAVE**

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#### **General Statement of Policy**

It shall be the policy of the Region of Queens Municipality to establish a uniform policy respecting time off due to the death or serious illness of a relative and/or fellow employee and compassionate-care leave.

#### **Policy Directions**

1. All regular full time and permanent part time employees shall be covered by this policy beginning with their first day of active employment.
2. When a death or serious illness occurs within an employee's immediate family, he/she may be granted up to five (5) working days off at his/her regular rate of pay following the date of death or during a serious illness.
3. Immediate family includes father, mother, grandfather, grandmother, spouse, brother, sister, son, daughter, grandchild, father-in-law, mother-in-law.
4. Employees shall be granted one (1) day off with pay on the death of a relative who is not a member of the immediate family.
5. On the death of fellow employees and close friends, employees shall be granted time off work to attend the funeral.
6. Depending on specific individual circumstances, the Chief Administrative Officer may authorize an extension of compassionate leave with or without pay.

7. Application for compassionate leave is to be made on the Request for Leave form contained in the personnel policy manual and submitted to the employee's Department Head and subsequently to the Chief Administrative Officer for approval.
8. Employees are eligible for compassionate-care leave pursuant to the Nova Scotia Labour Standards Code.

**Approved by Council: June 21, 2004**

**REGION OF QUEENS MUNICIPALITY**

**REQUEST FOR LEAVE**

1. Employee's Name: \_\_\_\_\_

2. Length of Leave Requested: \_\_\_\_\_

3. Date(s) of Leave Requested: \_\_\_\_\_

4. With Pay: \_\_\_\_\_ Without Pay: \_\_\_\_\_

5. Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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1. Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

2. If no, give reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person(s) Responsible  
for Decision

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_