

REGION OF QUEENS MUNICIPALITY

Operational Policy No. 22 OTHER LEAVES OF ABSENCE

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General Statement of Policy

It shall be the policy of the Region of Queens Municipality to establish a procedure to allow for leaves of absence that may be granted with or without pay due to unusual circumstances.

Policy Objectives

1. To establish a mechanism whereby employees may apply for a leave of absence.

Policy Directions

1. It shall be the responsibility of the employee to submit a request for a leave of absence using the Request for Leave of Absence form contained in the personnel policy manual. The employee shall submit such request to their appropriate Department Head.
2. The employee shall provide sufficient information with the request to identify the need of such leave.
3. Each request shall be considered on its individual merits. The following is a guide for items to consider when reviewing a request:
 - a) impact on the operation of the Region
 - b) need for and availability of a suitable replacement;
 - c) length of leave requested;
 - d) potential of the employee returning to employment upon expiration of the leave.
4. When the employee returns to work, he/she shall resume work in the same position as held previously with no loss of seniority or benefits accrued to the commencement of the leave of absence. Council may consider offering group benefits and each case will be considered on an individual basis.

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5. All requests for a leave of absence under this policy should be submitted at least four months prior to the start of leave in order to provide sufficient time for proper planning by the Department of the employee submitting the request.
6. The Department Head shall recommend the acceptance or denial of this request to the Chief Administrative Officer.
7. The Chief Administrative Officer shall then submit a recommendation to Council, in writing, on whether the leave should be granted providing a detailed explanation to substantiate the recommendation.
8. Council may approve, at a Council meeting, all requests for a leave of absence under this policy.

Approved by Council: July 15, 2002

REGION OF QUEENS MUNICIPALITY
REQUEST FOR LEAVE OF ABSENCE

1. Employee's Name: _____
2. Length of Leave Requested: _____
3. Date to Start Leave: _____
4. Date to Return to Work: _____
5. With Pay: _____ Without Pay: _____
6. Reason for Request: _____

Employee's Signature

Date

Supervisor's Use

1. Date Received: _____
2. Has a leave been granted previously? _____
3. Will a replacement be required: _____
4. Do you feel a suitable replacement is available? _____

Department Head's Signature

CAO's Signature

Date