



LEAVE OF ABSENCE REQUEST  
FORM 3405A

Employee Name:	
Campus/Department:	
Grade/Subject(s):	
Requested LOA Term (Start):	DD-MM-YY
Requested LOA Term (End):	DD-MM-YY

The following leaves of absence are provided at LCS. Please check the LCS Employee Leave of Absence Policy 3405 regarding specific terms for leaves of absence. Return the completed form to the Human Resources Manager for processing. Retain a copy for your reference. Place one copy in the employee file.

All leaves of absence must be discussed with and requested through your principal. All leaves of absence will require HR approval. Unless otherwise specified, all requests must be made a minimum of 14 days in advance of the LOA term.

Approved leaves will be guaranteed for one calendar year, at which time any extensions of the leave of absence will require re-application. LCS is under no obligation to extend leaves of absence beyond one calendar year and may require employees to resign or reduce in whole or part thereof the position.

*Check requested leave of absence:*

	PRINCIPAL DISCRETIONARY LEAVE: Granted by the principal and approved by HR for situations not covered in the LCS Leave of Absence Policy.
	CO-CURRICULAR PERSONAL LEAVE: Granted by the Director of Finance and HR for significant contributions to LCS programs.
	PERSONAL LEAVE: A period not to exceed 2 days within the contract year to be paid by LCS for reasons other than health. Personal leaves may only be granted if the employee’s responsibilities can be adequately covered. Personal days must be applied for within 14 days. (Personal days may not be granted after June 1.)
	PARENTHOOD LEAVE: A period of time up to one calendar year in which employees are not paid by the school, but a position with the same FTE specified in the contract at the commencement of the leave will be available when the leave terminates. Such leaves are subject to employee benefits and insurance rules. (Deadline: 30 days prior to leave)
	FAMILY RESPONSIBILITY LEAVE: A period of up to 5 days in which an employee is not paid by the school, but entitled in each contract year to meet responsibilities related to the care, health or education of a child or other member of the immediate family.

	JOB SHARE: A period of no less than one full school year in which the teacher (not Educational Assistants) may reduce by increments of 0.20 FTE, 0.40 FTE or 0.60 FTE to share teaching responsibilities with another teacher as approved at the discretion of the principal. Teachers must have a minimum of 2 years continuous employment with LCS. See HR400.004 Job Share Policy (Deadline: February 28). Complete Job Share Application Form.
	PART-TIME ASSIGNMENT REDUCTION: Full time (1.0 FTE) teachers requesting a reduction in assignment for the following school year. May only be granted if there are no impacts on programming or staffing. Complete Assignment Reduction Request Form. (Deadline: February 28)
	SHORT TERM LEAVE: A period of time between 1 day and 6 months within a contract year in which an employee is not paid by LCS, but has an approved leave from the principal with the understanding that the contract will be completed within the school year.
	SECONDMENT: A period of up to 10 days in a contract year in which an employee has approval to be secondarily appointed by government or school-affiliated organizations (i.e. universities). Longer secondments may be approved by direct letter request to the Head of School.
	SELF-FUNDED EXTENDED LEAVE: A full contract year in which an employee is not paid by the school, but has approval to be on leave and return to full FTE employment at the end of the period. Such leaves may only be granted to employees with a minimum of 5 years of service at LCS. Employees may opt to pay to remain on LCS benefits during the leave. Deadline: (Deadline: February 28)

Leaves of absence requiring additional documentation:

	EMPLOYMENT INSURANCE LEAVE: Eligible employees may receive Employment Insurance Benefits for the months of July and August as seasonal employees and are considered on leave of absence.
	(STD) SHORT TERM DISABILITY LEAVE: A period of time 14 days after an employee has submitted medical evidence of condition rendering the employee temporarily unable to carry out contractual duties. STD leaves may be granted for up to 5 months and require a Return to Work Plan at the end of the leave. All requests require employees to complete additional documents.
	LONG-TERM DISABILITY: Not defined as a "leave of absence" but a period of time determined by health professionals and the employee's insurer. Only required if a medical condition necessitates an employee to permanently terminate employment.

Employee signature:	
Principal signature:	
Date:	DD-MM-YY
HR & HOS approval:	

Submit completed form to **HR Manager** [careers@langleychristian.com](mailto:careers@langleychristian.com)