

Section/Number: Leave Management–006	Approval Date: (DD/MM/YY)
Subject: Compassionate Leave	Amendment Dates:
<p>Policy</p> <p>The Community Government provides Compassionate Leave to allow an employee to care for a family member.</p>	
<p>Definitions</p> <p>Immediate family is defined as an employee’s father, mother, brother, sister, spouse, child, father-in-law, mother-in-law, son-in-law, daughter-in-law, grandparent, common law spouse, grandchild, sister-in-law, brother-in-law, stepchild, foster child and all relatives permanently residing with the employee.</p> <p>Spouse means a person, regardless of gender, who is married to an employee, or has lived together with that person in a conjugal relationship outside of marriage if the employee represents that person as his or her spouse.</p>	
<p>Guidelines</p> <ol style="list-style-type: none"> 1. An employee is entitled to Compassionate Leave, without pay, to provide care or support to a family member of the employee. <ol style="list-style-type: none"> 1.1. An employee may also use Special Leave if he/she has Special Leave Credits available. 2. To be eligible for Compassionate Leave the employee must submit an Application for Leave Form advising the Supervisor of the expected duration of the leave. 3. The employee’s family member must be suffering from a serious medical condition with a significant risk of death within 26 weeks of the request for leave. 4. The employee must provide, if requested by the Supervisor, a medical certificate confirming the medical condition referred to above. 5. The employee is entitled to eight weeks of compassionate leave without pay. Leave will begin on the day a medical certificate is issued or the day the employee takes the leave which- ever is earliest. It will end on the Saturday of the 26th week after the leave begins or the week of the death of the family member, which-ever is earliest. 6. Compassionate leave may be taken in separate periods, but each period must be of not less than one week’s duration. 	

Logo

Community Government Name

Attachments

Sample Leave Form

References

Employment Standards Act

<http://www.justice.gov.nt.ca/Legislation/SearchResults.asp?Option=Title&DBTable=LegReg&Parameter=E&Page=7>

Sample Leave Form

Leave of Absence Request Form

Employee Name: _____

Date: _____

Type of Leave Requested: _____

Start Date/Time of Leave: _____

Return to Work Date/Time: _____

Verification of Leave Credits: _____

Employee Signature: _____

Supervisor Signature: _____

Senior Administrative Officer Approval: _____

(If leave is denied, Senior Administrative Officer will advise in writing.)