

Section/Number: Leave Management–016	Approval Date: (DD/MM/YY)
Subject: Special Leave	Amendment Dates:
<p>Policy</p> <p>The Community Government provides Special Leave under certain circumstances as described in this policy.</p>	
<p>Definitions</p> <p><b>Immediate family</b> 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><b>Spouse</b> 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"> <li>1. Special leave is earned at a rate of ½ day per month in each month that an employee works a minimum of 10 days, to a maximum of 25 days.</li> <li>2. Special leave of up to five (5) consecutive days will be approved: <ol style="list-style-type: none"> <li>2.1. for the purpose of caring for a sick dependent under the age of 18</li> <li>2.2. for the purpose of the employee getting married</li> <li>2.3. if there is a death of an immediate family member</li> <li>2.4. in the event that a member of the immediate family residing outside the employee’s community of residence becomes seriously ill</li> <li>2.5. other extraordinary circumstances with the approval of the Senior Administrative Officer (SAO).</li> </ol> </li> <li>3. Special leave may not be used for sick leave.</li> <li>4. Special leave credits will be reduced as they are taken.</li> <li>5. The employee must submit an Application for Leave Form which indicates the reason for the leave to the SAO for approval.</li> <li>6. At the discretion of the SAO, Special Leave may be granted to an employee who is experiencing difficulties with the use of drugs and/or alcohol, and who has been referred to and has agreed to participate in a recognized addictions treatment program.</li> </ol>	

Logo

Community Government Name

Attachments
Sample Leave Form
References
N/A

**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.)