



FPSES

LEAVE WITHOUT PAY REQUISITION FORM

ARTICLE 7-10.00 OF THE COLLECTIVE AGREEMENT

1. Complete the employee identification section.
2. Choose a leave of absence without pay for which you are eligible according to your status (check only one leave per requisition and attach supporting documents if it is a leave of absence without pay for studies).
3. If applicable, respect the advance notice required to submit your request.
4. Fill in all the information in the section on the type of leave without pay you are asking for:
 - Full-time or part-time, depending on the leave. If part-time, indicate the number of days you wish to work per week during the leave.
 - The duration of the leave, as well as the start and end dates.
 - Select your insurance and pension coverage options.
5. Have it signed by an employer representative in the *Identification and signature of an employer representative* section.
6. Return the requisition form to the employer representative, but keep a copy of the completed requisition for yourself.

LEAVE WITHOUT PAY REQUISITION FORM

1. IDENTIFICATION OF THE EMPLOYEE (in printed letters)

Name _____ Employee number _____ Class of employment _____

2. LEAVE WITHOUT PAY THAT MAY BE REQUESTED DEPENDING ON STATUS

REGULAR EMPLOYEE (Full-time or part-time employee who has completed their probationary period. (clause 1-1.25 C.A.)) <i>*Regular employees with job security may also choose one of the two types of leave*</i> Choose one of the two types of leave below ▼		REGULAR EMPLOYEE WITH JOB SECURITY * (Regular employee with at least two years of service in a position (24 months of service or 3640 hours for employment classes in Appendix 2, and 4030 hours for employment classes in Appendix 3), with no interruption in the employment tie (clause 5-6.01 C.A.)) Choose one of the three types of leave below ▼		
<input type="checkbox"/> Leave without pay (in accordance with clause 7-10.01 of the CA) Requires the Employer's agreement. Duration of leave up to 12 months. May be extended by mutual agreement. If the Employer agrees, possible to have the salary spread over the fiscal year in the case of a leave without pay lasting less than 6 months within the same fiscal year.	<input type="checkbox"/> Leave without pay to study (in accordance with clauses 7-10.01 and 7-10.02 of the CA) Requires the Employer's agreement. The duration of the leave is the same as the program of studies. Proof that the program is actually being followed must be provided to the Employer each semester. In the absence of such proof, the Employer will consider the person to be on a leave in accordance with 7-10.01 of the CA or on an extension of such a leave, depending on the case.	<input type="checkbox"/> Leave without pay (in accordance with clause 7-10.03 of the CA) Requires 4 years of seniority at the time the leave is scheduled to begin. Does not require the Employer's agreement. Advance notice required : this requisition form must be submitted at least 45 days before the desired leave. Full-time leave only. The duration of the leave must be between 6 months and one year. Such a leave may be taken only once in any 5-year period.	<input type="checkbox"/> Leave without pay to take a job at another college in the network (in accordance with clause 7-10.03 of the CA) Requires 4 years of seniority at the time the leave is scheduled to begin. Does not require the Employer's agreement. Advance notice required : this requisition form must be submitted at least 45 days before the desired leave. Full-time leave only. The duration of the leave must be between 6 months and one year. Such a leave may be taken only once in any 5-year period.	<input type="checkbox"/> Leave without pay to take a job with another employer (excluding another college in the network) (in accordance with clause 7-10.03 of the CA) Requires 7 years of seniority at the time the leave is scheduled to begin. Does not require the Employer's agreement. Advance notice required : this requisition form must be submitted at least 45 days before the desired leave. Full-time leave only. The duration of the leave must be between 6 months and one year. Such a leave may be taken only once in any 5-year period.

4. LEAVE WITHOUT PAY REQUESTED

TIME * A leave without pay under clause 7-10.03 of the CA must be full-time. **PART TIME** Number of days you wish to work per week during your leave without pay:

Desired duration of the leave _____ Start date _____ End date _____

I wish to maintain only the basic health insurance plan and temporarily suspend optional/complementary coverage by paying the full premium

I also wish to continue to participate in other group insurance plans and the pension plan, assuming full cost to the extent permitted by the master policies and the law

5. IDENTIFICATION AND SIGNATURE OF THE EMPLOYER REPRESENTATIVE

Submitted to _____ Date _____ Signature of the employer _____