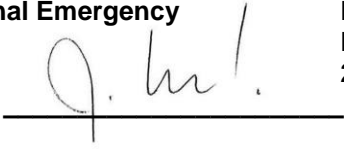


Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Personnel	SUBJECT: Leave of Absence – Personal Emergency	SECTION: L
DATE: September 2004	Administrator's Signature: 	POLICY: 2
REVISION DATES: January 2006, August 2011, June 2018		

LEAVE OF ABSENCE – PERSONAL EMERGENCY

POLICY:

According to the “Fair Workplaces, Better Jobs Act (2017)”, once an employee has been employed for one week, the employee is entitled to 10 days of Personal Emergency Leave per calendar year. The first two of which are paid days – even if just part days. There is not an option to defer or choose which days are paid. The remaining 8 days are unpaid.

Leaves of absence for personal reasons (including vacation) must be requested in writing from the employee’s Department Leader (emergencies are an exception).

Such leaves may be granted for a period of not more than 30 calendar days at the Department Leaders discretion, in consultation with the Administrator.

A request for a LOA longer than 30 days may be granted. This is done entirely at the discretion of the Department Leader and/or Administrator.

An extended Personal Leave of Absence will not be granted during Leamington Mennonite Home peak vacation periods.

PROCEDURE:

Personal Emergency Leave shall include:

- A personal illness, injury, or medical emergency
- The death, illness, or medical emergency of a family member (details below)
- An urgent matter that concerns a family member (details below)

Evidence that is reasonable in the circumstance may be required.

Family Member (for purposes of this Policy):

- Spouse (includes both married and unmarried couples, of same or opposite gender)
- Parent, stepparent, foster parent, child, stepchild, foster child, grandparent, step-grandparent, grandchild or step-grandchild of the employee or the employee’s spouse
- Spouse of the employee’s child
- Brother or sister of the employee
- Relative of the employee who is dependent on the employee for care or assistance

For extended LOA, the employee shall put the request in writing at least 2 weeks in advance of posting of the schedule. The reason for the request must be communicated to the Department Leader, or in their absence, the Administrator. A decision will be given to the employee within 3 working days.

Leamington Mennonite Home and Apartments

Personal Emergency Leave Form

10 days per calendar year
- FIRST TWO are paid days
There is no option to
defer a paid day - even if
it's a part day.

Request for Emergency/Paid/Unpaid time

Employee Name _____

Department _____

Assigned Shift unable to work : Date _____ Time _____

Duration of Absence: _____ (hours) OR _____ (shifts)

Personal Emergency:

_____ Illness

_____ Injury

_____ Medical emergency

Emergency:

- Spouse (includes both married and unmarried couples, of same or opposite gender)
- Parent, step-parent, foster parent, child, step-child, foster child, grandparent, step-grandparent, grandchild or step-grandchild of the employee or the employee's spouse
- Spouse of the employee's child
- Brother or sister of the employee
- Relative of the employee who is dependent on the employee for care or assistance

Family Member _____

Relationship (from list) _____

Nature of Emergency: _____ Death

_____ Injury

_____ Illness

_____ Medical Emergency

_____ Urgent Matter

(**Urgent Matter** is an event that is unplanned or out of the employee's control **and** raises the possibility of serious negative consequences, including emotional harm, if not responded to)

If the leave falls
into any of the
above categories
it is

Supervisor Approval _____ Date _____
(Signature)