

Teachers On Leave - Staffing Form

(if currently on leave)

Return to:

Human Resources, North Vancouver School District, 2121 Lonsdale Avenue, North Vancouver, BC V7M 2K6

Please complete the following information and the appropriate section: A, B, and/or C.

Teachers Name (pls print): _____ Employee Number: _____

Address: _____

Postal Code: _____ Phone Number: _____ Is this a new address / phone number?

Current Leave of Absence From (y-m-d): _____ To (y-m-d): _____

Reason for Leave: Medical Maternity Secondment Self-Funded
 General/Personal Other

Last School/Location: _____ Grade Level/Subject Assigned: _____

Previous Assignment - F.T.E.: Full-Time Part Time % _____

How do you wish to have your leave approval/benefits costs sent to you? District Email or Regular mail

A. I PLAN ON RETURNING FROM LEAVE-OF-ABSENCE TO A TEACHING POSITION

(Please see HR Info on Employee Central for important "Information for teachers returning from Leave of Absence")

My Subject Area Preferences are: _____

My Qualifications are: _____

If you have recently completed an educational upgrade, please provide HR with your official transcript(s), a copy of your diploma and/or updated TQS as applicable. Please call 604-903-3497 to reinstate benefits cancelled during your leave.

Full Time Part Time % F.T.E: _____

Job Share: Partner: _____ School: _____

My F.T.E%: _____ My Partner's F.T.E %: _____

Teacher Signature: _____ Date (y-m-d): _____

B. REQUEST EXTENSION OF LEAVE-OF-ABSENCE

Type of leave requested: _____ + HR's Medical Certificate for Medical leave OR Doctor's note for new maternity

Please extend my current leave to (y-m-d): _____ Return to teaching Date (y-m-d): _____

MSP EHB Dental Basic Group Life Optional Life All Current Benefits

See reverse to cancel Group Life and for cost share/benefit details

i. To cancel benefits, please provide written confirmation with effective date. I am aware that I cannot cancel benefits retroactively. I understand I must make application to Human Resources on my return to reinstate any cancelled benefits. New dependants must be added within 30 days.

ii. If I recover wage loss or benefits from a 3 party, I agree to repay the School District the amount of sick leave or benefit paid to me and authorize and instruct the 3 party, or lawyer acting on my behalf to pay such amount to the School District.

Teacher Signature: _____ Date (y-m-d): _____

Principal Signature (if applicable): _____ Date (y-m-d): _____

(Signature confirms discussion between teacher and principal has occurred – it is not leave of absence approval)

C. RESIGNATION/RETIREMENT

I will be **resigning** from my teaching position. (Please attach letter confirming resignation) Effective date (y-m-d): _____

I will be **retiring** from my teaching position. (Please attach letter confirming retirement) Effective date (y-m-d): _____

Teacher signature: _____ Date (y-m-d): _____

District Administration Authorization Signature: _____ Date (y-m-d): _____