

LEAVE OF ABSENCE FORM

Leave of absence Return from leave

Employee name:	
Employee number:	

Leave of absence	
Leave start date:	
Action code:	LOA - Leave of Absence Reason code: STP – Stop Pay/Other
Reason for leave:	<input type="checkbox"/> Medical leave <input type="checkbox"/> Maternity/Parental leave <input type="checkbox"/> Caregiving leave <input type="checkbox"/> Apprentice Training <input type="checkbox"/> Other _____ <i>If medical, maternity/parental leave, the employee must provide a medical note.</i> <i>If it is medical leave, the note must provide the <u>return-to-work date</u> OR the <u>reassessment</u> date. A medical clearance note is required to clear the employee to return to full duties.</i>
Expected return date: <i>(if known)</i>	
BCIB Comments <i>(if applicable)</i>	

Leave of absence – Return to work	
Return to work date:	
If medical leave, has a clearance note been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Not applicable

BCIB Onsite Rep:		Contractor Rep:	
Signature:		Signature:	
Date signed:		Date signed:	