

Leave of Absence Request Form

Last revised: November 2020

Last reviewed: June 2019

Next review: June 2020

Please submit the approved Leave of Absence Request Form to the Human Resource Service Centre (hrsc@gov.sk.ca) with "MIN(BEN)" at the beginning of the Subject Line a minimum 2 weeks prior to the commencement or extension of leave.

Employee Details

Employee Name: _____ Employee #: _____
Ministry Name _____ Assignment #: _____

LEAVE REQUEST:

- Email a scanned copy of the approved Leave of Absence Request Form to the Benefit Services Team at the Human Resource Service Centre at HRSC@gov.sk.ca. Please be sure to indicate "MIN(BEN)" at the beginning of the Subject Line of your email.
- To ensure timely processing, and no impact on your Group Life Insurance or Disability benefits while on leave, please submit the approved Leave of Absence Request Form to the Human Resource Service Centre a minimum of **2 weeks PRIOR to the commencement or extension of leave.**

SECTION A: COMMENCING A LEAVE OF ABSENCE

Leave Start Date: _____ Leave End Date: _____

Please indicate one:

- Definite Leave Without Pay:** [Human Resource Manual Section: PS 702](#)

- | | |
|---|---|
| <input type="checkbox"/> Adoption (Mandatory) | <input type="checkbox"/> Medical (Mandatory) |
| <input type="checkbox"/> Apprenticeship Training | <input type="checkbox"/> Moving to Term/Non Perm Position Within GoS (Discretionary) |
| <input type="checkbox"/> Compassionate Care (Mandatory) | <input type="checkbox"/> Moving to Term/Non Perm Position Outside GoS (Discretionary) |
| <input type="checkbox"/> Crime-Related Child Death or Disappearance (Mandatory) | <input type="checkbox"/> Parental (Mandatory) |
| <input type="checkbox"/> Critically Ill Child Care (Mandatory) | <input type="checkbox"/> Personal (Discretionary) |
| <input type="checkbox"/> Critically Ill Adult Care (Mandatory) | <input type="checkbox"/> Spousal Relocation (Discretionary) |
| <input type="checkbox"/> Learning and Development / Education (Discretionary) | <input type="checkbox"/> Other (please indicate reason): _____ |
| <input type="checkbox"/> Maternity (Mandatory) | |

OR

- Definite Leave With Pay:** [Human Resource Manual Section: PS 701-A](#)

- Deferred Salary ([PS 713](#))
 Education (Discretionary)
 Other (please indicate reason): _____

OR

- Indefinite Leave Without Pay:** [Human Resource Manual Section: PS 703](#)

- | | |
|--|--|
| <input type="checkbox"/> Adjudicated Prolonged Illness (Mandatory) | <input type="checkbox"/> Maternity (Mandatory) |
| <input type="checkbox"/> Crown Employment (Mandatory) | <input type="checkbox"/> Other (please indicate reason): _____ |
| <input type="checkbox"/> Job Abolishment (Mandatory) | |
| <input type="checkbox"/> Worker's Compensation (Mandatory) | |

SECTION B: EXTENDING A LEAVE OF ABSENCE

New Expiry Date _____

Please select one:

- Definite Leave of Absence (indicate leave reason: i.e. maternity): _____
 Indefinite Leave of Absence (indicate leave reason i.e. disability): _____

Signature

Employee Signature: _____ Date: _____

Supervisor / Manager Signature: _____ Phone: _____ Date: _____

Recommend Not Recommended – Reason: _____

Permanent Head / Delegate Signature: _____ Phone: _____ Date: _____

Approved Denied – Reason: _____

The following approval is required for all Discretionary Indefinite Leave of Absence requests, CUPE Definite Leave of Absence requests greater than 3 months and all CUPE Indefinite Leave of Absence requests. Please contact your Business Partner Team should you have any questions.

PSC Business Partner Team Signature: _____ Phone: _____ Date: _____

Approved Denied – Reason: _____

IMPORTANT NOTE: While on Definite or Indefinite Leave of Absence Without Pay, you may continue in the Government of Saskatchewan Group Life Insurance Plan and Disability Income Plan (DIP) for Out-of-Scope and CUPE employees, up to a maximum of three (3) years. Participation in the SGEU LTD plan is mandatory for the first year while on leave of absence. To continue coverage in the Government of Saskatchewan Group Life Insurance Plan and the Disability Income Plan (DIP), premiums must be received by the Human Resource Service Centre, within two (2) weeks of your leave commencing.

Upon receipt of the approved Leave of Absence Request and Notification Form, the Human Resource Service Centre will contact you by letter and outline your options to elect continued coverage under the plan(s), provide premium information, as well as other important employment and benefit information while on leave.

If you have any questions regarding leaves of absences or benefits while on leave, please contact the Human Resource Service Centre at HRSC@gov.sk.ca by telephone at 306-798-0000 or toll free at 1-877-852-5808.