

**Leamington Mennonite Home  
Long Term Care & Retirement Residence**

**POLICY AND PROCEDURE**

<b>CATEGORY:</b> Personnel	<b>SUBJECT:</b> Leave of Absence – Pregnancy, Parental Leave, & Supplemental Employment Insurance Benefits	<b>SECTION:</b> L <b>POLICY:</b> 4
<b>DATE:</b> May 2013 <b>REVISION DATE:</b> June 2018	<b>Administrator's Signature:</b> _____	

**LEAVE OF ABSENCE – PREGNANCY, PARENTAL LEAVE & SUPPLEMENTAL  
EMPLOYMENT INSURANCE BENEFITS**

**POLICY:**

**Pregnancy Leave** is a flexible leave of absence for up to 17 weeks, which an employee may apply for, to care for herself and her new-born infant.

**Parental Leave** is a flexible leave of absence up to 61 weeks, available to each parent of a new-born or newly adopted child, who has been employed by LMH minimally 13 weeks.

**Supplemental Employment Insurance Benefits** is a benefit equivalent to the difference between 75% of an employee's weekly earnings and the sum of her weekly Employment Insurance Benefits for an employee on an approved Pregnancy Leave.

**PROCEDURE:**

- An employee who has been employed by LMH minimally 13 weeks is eligible for Pregnancy Leave.
- The employee shall provide the immediate supervisor with as much written notice as possible of the anticipated date of birth or the date the employee intends to commence her leave of absence.
- Before commencing the Pregnancy Leave, the employee must meet with the Chief Financial Officer/Payroll Clerk for assistance to complete appropriate documentation regarding pension, benefits continuance etc.
- If the employee's unused vacation entitlement for the year remains unscheduled, the employee will be encouraged to schedule vacation days to use/deplete their vacation entitlement well in advance of their pending pregnancy and/or parental leave. LMH encourages all staff to utilize their full vacation entitlement. The carrying forward of a balance of accrued vacation days applies only in exceptional circumstances and with the Administrator's written approval. Float holidays will not accrue.
- Additional leave required for medical complications relating directly to an employee's pregnancy or delivery will be treated in accordance with the LMH Sick Leave of Absence Policy.

- If the employee's last performance review was completed more than nine months prior to the commencement of the Pregnancy Leave, a written performance appraisal will be conducted by the immediate supervisor before the employee commences their Leave.
- The employee shall give minimally 6 weeks' notice of her/his intention to change the return to work date.
- During the period of the Leave, LMH shall continue to pay the Employer's portion of any extended health benefits and/or pension plan benefits, unless the employee elects, in writing, not to continue her/his share of the premiums. Vacation and service/seniority continue to accrue during the Pregnancy and Parental Leaves.
- During the Pregnancy Leave the employee may qualify for E.I. Benefits pursuant to the Employment Insurance Act and may then be eligible for supplemental E.I. Benefit Top-Up. That Benefit will be equivalent to the difference between 75% of her weekly earnings and the sum of her weekly Employment Insurance Benefits. This payment will commence after the completion of the one week E.I. waiting period, and receipt by LMH of the employee's Employment Insurance cheque stub as proof that she is in receipt of the Employment Insurance Pregnancy Benefits, and shall continue while the employee is in receipt of such benefits for a maximum period of fifteen weeks. The employee's regular weekly earnings shall be determined by multiplying her regular hourly rate on her last day worked prior to the commencement of the leave times her normal weekly hours. For part-time staff, 'normal weekly hours' will be determined by calculating the average number of hours worked in the thirteen pay periods (26 weeks) worked prior to the commencement of the Leave.
- During the Parental Leave, the employee may qualify for E.I. Benefits pursuant to the Employment Insurance Act; however, the Supplemental Employment Insurance Benefit (top-up) does not apply to Parental Leave.
- Upon return to work, the employee is to return to the same position and salary. If the same position no longer exists, the employee will be placed in a comparable position. All employees who have filled a vacancy shall likewise be returned to their former position.
- An employee is expected to return to work for Leamington Mennonite Home for a period of minimally six months following the date of return from the Pregnancy and/or Parental Leave. Should an employee not satisfy this condition, they will be required to repay the total monies paid to them by LMH during the Leave(s).
- Pregnancy and Parental Leaves are granted in accordance with the Employment Standards Act of Ontario, and the provisions of the Collective Agreement, if applicable.

I, \_\_\_\_\_, will be going on a:

\_\_\_\_pregnancy leave

\_\_\_\_parental leave

\_\_\_\_combined pregnancy/parental leave

\_\_\_\_sick leave

\_\_\_\_personal leave of absence

This leave is from \_\_\_\_\_ to \_\_\_\_\_ inclusive. During this period of time, I authorize my employer to do the following:

Choose one only of (a) or (b)

- (a) \_\_\_\_\_ I wish to continue making contributions to HOOPP during my leave at the contribution rate in effect during the period of my absence. My employer also will continue contributions for this period. Salary related contributions will be based on my annualized earnings in effect prior to the start of the leave. If I don't make the contributions during my leave, I understand that I have six months, from the date I return to work, in which to make them. If I later decide not to make the contributions, or do not make them within the time limit, I understand that my employer will be relieved of the obligation to make employer contributions for the leave.

(b) \_\_\_\_\_ I do not wish to continue making contributions to HOOPP during my leave. I understand that my Plan membership continues and that contributions will resume immediately upon my return to work.

\_\_\_\_\_ I have applied for/utilized my existing vacation entitlement.

\_\_\_\_\_ I acknowledge that I am expected to return to work at Leamington Mennonite Home for a period of minimally six (6) months following the date of return from my Pregnancy/Parental Leave, or repay the total monies paid to me by \_\_\_\_\_ Leamington Mennonite Home during the Leave(s).

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_