

<p>MUNICIPALITY OF THE COUNTY OF ANNAPOLIS POLICY AND ADMINISTRATION MANUAL</p>	<p>AM - 2.1.6</p>
<p>Section Hours of Work and Leave</p>	<p>Subject Compassion Care Leave Policy</p>

1 POLICY

- 1.1 Subject to the presentation of an appropriate medical certificate of a qualified medical practitioner, an employee with at least three (3) months' continuous service with the Municipality of the County of Annapolis is entitled to compassionate care leave without pay, up to a maximum period of eight (8) weeks for the purpose of providing care or support to a family member who has a serious medical condition with a significant risk of death within twenty-six (26) weeks.

2 PURPOSE

- 2.1 The purpose of this policy is to establish effective procedures to be used by employees who may be required to provide care or support to family members who are critically ill.

3 SCOPE

- 3.1 This policy applies to all permanent employees.

4 RESPONSIBILITY

- 4.1 Where possible, employees are responsible for providing written notice as soon as possible when requesting compassionate care leave and for presenting an appropriate medical certificate either to commence the leave or upon return from the leave.

5 DEFINITIONS

- 5.1 For the purpose of this policy only, "family member" means:
- (a) spouse or common-law partner of the employee;
 - (b) a child of the employee or a child of the employee's spouse or common-law partner;
 - (c) a parent of the employee;
 - (d) a spouse or common-law partner of the parent, and
 - (e) any other person who is a member of a class of persons prescribed in the regulations for the purposes of this definition;
 - (f) a child of the employee's parent or the spouse of the employee's parent;
 - (g) a grandparent of the employee, or of the employee's spouse;
 - (h) the spouse of the employee's grandparent;
 - (i) a grandchild of the employee, or the employee's spouse;
 - (j) the spouse of the employee's grandchild;
 - (k) the spouse of the employee's child, or the child of the employee's spouse;
 - (l) a parent of the employee's spouse;
 - (m) the spouse of a parent of the employee's spouse;

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- (n) the spouse of a child of the employee’s parent, or a child of the spouse of the employee’s parent;
- (o) a child of a parent of the employee’s spouse, or the spouse of the parent of the employee’s spouse;
- (p) an uncle or aunt of the employee, or the employee’s spouse;
- (q) the spouse of the employee’s uncle or aunt;
- (r) a nephew or niece of the employee, or the employee’s spouse;
- (s) the spouse of the employee’s nephew or niece;
- (t) a current or former foster parent of the employee, or the employee’s spouse;
- (u) a current or former foster child of the employee;
- (v) the spouse of a current or former foster child of the employee;
- (w) a current or former ward of the employee, or the employee’s spouse;
- (x) a current or former guardian of the employee;
- (y) the spouse of a current or former guardian of the employee;
- (z) a person, whether or not related to the employee by blood, adoption, marriage or common-law partnership, who considers the employee to be like a close relative or whom the employee considers to be like a close relative, on the condition that the employee, when requested, must give the employer a copy of any form that includes a statement that the employee is considered to be like a family member that is required to be submitted to the Government of Canada to claim compassionate care benefits under the *Employment Insurance Act* (Canada).

5.2 “Medical certificate” means a certificate signed by a qualified medical practitioner stating that the family member has a serious medical condition with a significant risk of death within twenty-six (26) weeks of when the certificate was issued.

5.3 “Provide care or support” means to participate directly in providing care, providing psychological or emotional support, or arranging care by a third party.

6 REFERENCES AND RELATED STATEMENTS OF POLICY AND PROCEDURE

Labour Standards Code (Nova Scotia) and Regulations
Employment Insurance Act (Canada)

7 PROCEDURE

7.1 (a) Upon giving their immediate manager written notice of their intention to take a compassionate care leave, employees shall be granted leave without pay for a maximum period of up to eight (8) weeks.

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(b) Compassionate care leave may be taken only in one (1) week periods during the period that:

- starts with the first day of the week in which the medical certificate is issued, or where the leave was commenced before the certificate was issued, the first day of the week in which the leave was commenced; and
- ends with the last day of the week in which the earlier of the following first occurs a total of eight (8) weeks of leave have been taken; the family members dies; or twenty-six (26) weeks following the first day of the week as determined in the paragraph above.

7.2 (a) An employee who takes compassionate care leave may take eight (8) consecutive weeks of leave or divide up the leave into a maximum of eight (8) one-week periods over the twenty-six (26) week period. The employee shall advise their supervisor how the leave shall be taken.

(b) Any change or revision related to how the leave will be taken must have the agreement of both the approving supervisor and the employee.

7.3 If two (2) or more employees apply to take compassionate care leave for the same family member, each employee shall be entitled to an eight (8) week compassionate care leave within twenty-six (26) weeks of when a certificate was issued.

7.4 On expiry of a compassionate care leave, an employee who returns to work shall be reinstated in the position occupied by that employee at the commencement of the leave, or if that position is not available, in a comparable position. The employee shall receive a pay rate that is equal to the greater of the rate the employee most recently earned and the rate the employee would be earning had he or she worked throughout the leave.

7.5 If an employee wishes to return to work prior to the expiry of the leave, the employee must give the employer [one (1) week's] written notice.

7.6 If an employee wishes to extend the compassionate care leave period beyond eight (8) weeks, such requests will be considered a personal leaves of absence, unless a new medical certificate for an additional twenty-six (26) week period has been issued.

7.7 Upon return to work, the employee must provide a copy of the medial certificate to the employer as soon as possible.

7.8 Compassionate care leave is not included in any calculation of an employee's length of employment or seniority. The period of the leave is not included when determining whether the employee has completed any probationary period.

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7.9 During compassionate care leave, an employee who is eligible to participate in life insurance plans, accidental death plans, extended health plans, and/or dental plans, may continue to participate in those plans, unless the employee elects in writing not to do so. An employee wishing to continue benefits during the leave will be required to provide either post-dated cheques or make other suitable arrangements regarding payment of the employee’s portion of premiums for benefit coverage. If employer contributions are required, the employer is responsible for paying those contributions. Benefits do not accrue during the leave if required employee contributions are not paid.

8 ATTACHMENTS

Attachment A — Request for Compassionate Care Leave

Municipal Clerk’s Annotation for Official Policy Book I certify that this policy was adopted by Municipal Council as indicated below: <i>Seven (7) Day Notice..... December 14, 2010</i> <i>Council Approval December 21, 2010</i> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <u><i>Carolyn Young</i></u> Municipal Clerk </div> <div style="text-align: center;"> <u><i>December 22, 2010</i></u> Date </div> </div> <p style="text-align: center;"><i>At <u>Annapolis Royal</u> Nova Scotia</i></p>	
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Attachment A

REQUEST for COMPASSIONATE CARE LEAVE

Please note that an appropriate Medical Certificate must be provided either prior to or upon return from Leave.

Employee Name: _____

Service Group: _____

Name and relationship of family member requiring care:

Is a Medical Certificate attached?

- Yes
 No

Are you dividing this leave with another employee?

- Yes
 No

If yes:

Name of Employee: _____

Service Group: _____

How is the leave to be divided between you? _____

Do you plan to take your leave in consecutive weeks?

- Yes No

If no, how are you dividing the leave period?

DATES of LEAVE

	(mm/dd/yyyy)		(mm/dd/yyyy)
Start of Leave:		Interim Return to Work:	
Resumption of Leave:		Interim Return to Work:	
Resumption of Leave:		Interim Return to Work:	
Resumption of Leave:		Interim Return to Work:	
Resumption of Leave:		Final Return to Work:	

Employee's Signature: _____ Date: _____

Supervisor's Approval: _____ Date: _____