

MUNICIPALITY OF THE DISTRICT OF ARGYLE <b>POLICY AND ADMINISTRATION MANUAL</b>	REFERENCE NUMBER _____
SECTION <b>EMPLOYEE BENEFITS</b>	SUBJECT <b>LEAVE OF ABSENCE</b>

## 1. APPLICATION

1.1. This policy applies to all full time, salaried, non-hourly paid, permanent employees of the Municipality.

## 2. POLICY STATEMENT

2.1. When death occurs to a member of the immediate family of an Employee, such Employee shall be granted compassionate pay for a period of not to exceed five (5) consecutive days, one of which shall be the day of the funeral, to the extent that any or all of these days are normal working days. Members of the immediate family are the Employee's spouse, mother, father, brothers, sisters, sons, daughters, mother-in-law and father-in-law, and includes step-parents.

### 2.2. Illness in the family

a) Employees may be permitted up to ~~three-ten~~ **(10(3))** days paid leave of absence per annum in order to attend to serious family illness at the discretion of the Employer, to be deducted from accumulated sick leave (see Article 4)

2.3. An Employee may be entitled to leave of absence without pay and benefits when he/she requests such leave for good and sufficient cause. Such request shall be in writing and approved by the Employer.

2.4. Any Employee who takes any leave of absence (including maternity) shall have all benefits prorated according to the portion of the year that they actually worked.

<u>Chief Administrative Officer's Annotation for Official Policy Book</u>	
Date of Notice to Council Members Of Intent to Consider [7 days minimum]: _____ <b>February</b> <b>28, 2019</b>	
Date of Passage of Current Policy: <b>January 1988</b>	
I certify that this Policy was adopted by Council as indicated above.	
_____	_____
Warden	Date
_____	_____
Chief Administrative Officer	Date