

Medical Leave With Pay

Effective December 1, 2022

Issued December 22, 2022

1.0 Eligibility

In order to be eligible for paid Medical Leave pursuant to Section 239 of Division XIII of ***Part III of the Canada Labour Code*** an employee must have been continuously employed for a period of 30 days and be a union member, Cardboard or Preferred list member, or an oriented Trainee on the Dispatch List or Checker Trainee List. Probationary employees and Apprentices represented by Local 1825 with 30 days continuous service are also eligible.

- Employees on workforces must have “regular” orders with their parent company on the day(s) for which the leave is requested. Lines, replacement, and fill-in orders are not considered regular orders.
- Gang members who may have “regular” orders with an “outside” employer are also eligible for the Leave provided they advise that employer or their foreman before the start of the shift that they will be taking the Leave.
- Non-attached Union members, members of the Cardboard, Preferred List, Dispatch List, Checker Preferred List, Local 1825 represented Probationary employees and Apprentices must be able to demonstrate that, had it not been for their illness or injury, medical appointment or quarantine they would have obtained work on the day in question.

Employees who are on leave are not eligible for any other ***regular*** orders for the entire day claimed (from 08h00 on the day claimed to 08h00 the next day) as the leave must be taken in increments of 1 full day.

Qualification for Leave

Eligible employees are entitled to 10 paid Medical Leave days in every calendar year for the purpose of:

- treating their illness or injury unless otherwise compensated
- medical appointments during working hours
- organ or tissue donation from the employee
- quarantine of the employee

2.0 Requirements for Documentation

All employees requesting Medical Leave must do so prior to the start of the work period they are claiming by informing the timekeeper, foreman, walking boss, head checker or management staff. A request form must be sent to the HEA for processing. All employees requesting Medical Leave are required to fill out the attached form. An employee who is claiming Medical Leave for 5 or more consecutive days must provide a medical certificate from a qualified health care practitioner certifying that the employee was ***incapable of working for the period of their medical leave***. This certificate should be provided no later than 15 calendar days from the date of the request for Medical leave unless it is unreasonable to do so for reasons beyond the control of the employee. ***Medical Leave will not be applied retroactively.***

3.0 Leave with Pay

Employees with 30 days of continuous employment are entitled to up to 10 Medical Leave days within a calendar year. Employees shall be paid the lesser of 8 hours at the basic wage rate or actual earnings lost on their regular order with their parent company.

4.0 Accumulation of Paid Medical Leave

- Employees in the above-named categories are eligible for three (3) days of paid Medical Leave after 30 days of continuous employment, and thereafter, shall accumulate one day of Paid Medical Leave at rate of one day per month to a maximum 10 days in the calendar year either taken or accumulated.
- Employees already employed as of December 1, 2022, shall commence their 30 day qualifying period December 1 and as of December 31 shall be entitled to 3 days of paid Medical Leave. Additional leave will begin to accumulate commencing February 1 at the rate of one day per month.
- Medical Leave shall accumulate after that at the rate of one day per month to a maximum of 10 days.
- Any unused Medical Leave will be carried over to the next year and will count both for entitlement and accrual purposes.
- Once employee takes 10 days paid Medical Leave in any calendar year all entitlement and accrual shall cease for that year.
- A year for the purposes of Medical Leave shall be the Calendar year January 1 to December 31.

Medical Leave With Pay Request Form

To be eligible for paid Medical Leave pursuant to Section 239 of Division XIII of **Part III of the Canada Labour Code** an employee must have been continuously employed for a period of 30 days and be a Union member, Cardboard or Preferred list member, or an oriented Trainee on the Dispatch List or Checker Trainee List. Probationary employees and Apprentices represented by Local 1825 with 30 days continuous service are also eligible.

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- Gang members who may have “regular” orders with an “outside” employer are also eligible for the Leave provided they advise that employer or their foreman before the start of the shift that they will be taking the Leave.
- Non-attached Union members, members of the Cardboard, Preferred List, Dispatch List, Checker Preferred List, Local 1825 represented Probationary employees and Apprentices **must be able to demonstrate** that, had it not been for their injury or illness, medical appointment, organ donation or quarantine they would have obtained work on the day in question.

Employees who are on leave are not eligible for any other **regular** orders for the entire day claimed (from 08h00 on the day claimed to 08h00 the next day) as the leave must be taken in increments of 1 full day.

I am requesting paid Medical Leave pursuant to Section 239 of Division XIII of **Part III of the Canada Labour Code** for the following reason:

1. Personal illness or injury
2. Medical appointment for myself during working hours
3. My organ or tissue donation
4. My Quarantine

NOTE: Any employee claiming medical leave for 5 consecutive days or more must provide A medical certificate from a qualified health care practitioner certifying that the employee was **incapable of working for the period of their medical leave**. This certificate should be provided no later than 15 calendar days from the date of the request for Medical Leave unless it is unreasonable to do so for reasons beyond the control of the employee. Medical leave will not be approved retroactively.

Employee Name and Work Number: _____

Date(s) Requested _____ Date Submitted _____

Signature _____