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| NOM DE FAMILLE / LAST NAME | | | | | | | | PRÉNOM / FIRST NAME  CONGÉS / LEAVES | | | | | | | | | | | NO D’EMPLOYÉ (E) / EMPLOYEE NO. | | | | | | |
| SERVICE / DEPARTMENT | | | | | | | | | | TITRE D’EMPLOI / JOB TITLE | | | | | | | | | | | | | | | |
| NUMERO DE POSTE / POSITION NUMBER | | | | | | | | | | SI A TEMPS PARTIEL NOB. DE QUARTS DE TRAVAIL/SEMAINE  IF PART-TIME, NO. SHIFTS/WEEK = | | | | | | | | | | | | | | | |
| SOUS-SERVICE / SUB-DEPARTMENT | | | | NO TITRE D’EMPLOI / JOB TITLE # | | NO DE POSTE / POSITION # | | | STATUT / STATUS |
|  | | | |  | |  | | |  | DU / FROM | | | | | | | | | | AU / TO | | | | | |
| ✓PREUVE REQUISE / PROOF REQUIRED | | | | | | | | | | a/y | | | | m | | | | j/d | | a/y | | | m | | j/d |
|  |  | ✓ | CONGÉ DE MATERNITÉ / MATERNITY LEAVE | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  |  | ✓ | CONGÉ POUR ADOPTION / ADOPTION LEAVE | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  |  |  | CONGÉ DE PATERNITÉ (**HOPITAL**) / PATERNITY LEAVE (**HOSPITAL**) | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  |  |  | CONGÉ DE PATERNITÉ (**RQAP**) / PATERNITY LEAVE (**QPIP**) | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  |  |  | CONGÉ PARENTAL / PARENTAL LEAVE | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  | ★ |  | CONGÉ PARENTAL PARTIEL / PARTIAL PARENTAL LEAVE | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  |  | ✓ | CONGÉ POUR MARIAGE / MARRIAGE LEAVE | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  |  | ✓ | CONGÉ POUR ÉTUDES / STUDY LEAVE | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  | ★ | ✓ | CONGÉ POUR ETUDES À TEMPS PARTIEL / PARTIAL STUDY LEAVE | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  |  | ✓ | CONGÉ POUR ENSEIGNER / LEAVE TO TEACH | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  |  |  | CONGÉ À TRAITEMENT DIFFERE / LEAVE WITH DEFFERED REMUNERATION | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  |  | ✓ | CONGÉ FAMILIAL / FAMILY LEAVE | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  |  |  | CONGÉ PERSONNEL / PERSONAL LEAVE | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  |  |  | AUTRES CONGÉS / OTHER LEAVES | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
|  | ★ |  | CONGÉ À TEMPS PARTIEL / PARTIAL LEAVE | | | | | | |  | | | |  | | | |  | |  | | |  | |  |
| ★ | TRAVAILLERA / WILL WORK | | | |  | | QUARTS DE TRAVAIL PAR SEMAINE DURANT LE CONGÉ À TEMPS PARTIEL / SHIFTS PER WEEK WHILE ON PARTIAL LEAVE | | | | | | | | | | | | | | | | | | |
| S.V.P. SPÉCIFIER :  PLEASE SPECIFY : | | | | | | | | | | | | SELON L’ARTICLE  AS PER ARTICLE | | | |  | | | | | | DE LA CONVENTION COLLECTIVE  OF THE COLLECTIVE AGREEMENT | | | |
| SIGNATURE DE L’EMPLOYÉ(E) :  EMPLOYEE SIGNATURE : | | | | | | | | | | | | | | | DATE | | | | | | | | | | |
| année / year | | | | | | mois/ month | | | jour / day | |
| CHEF DE SERVICE :  DEPARTMENT HEAD : | | | | | | | | | | | | | | | DATE | | | | | | | | | | |
| année / year | | | | | | mois / month | | | jour / day | |
| \*CETTE SECTION DOIT ÊTRE COMPLETÉE AU SERVICE DES RESSOURCES HUMAINES AVANT VOTRE DÉPART EN CONGÉ SANS SOLDE. APPORTEZ AVEC VOUS UN CHÈQUE POUR COUVRIR TOUTES LES CONTRIBUTIONS ET PRIMES PAYABLES POUR LA DURÉE DU CONGÉ SANS SOLDE SINON VOTRE CONGÉ NE SERA PAS APPROUVÉ. •  \*THIS SECTION MUST BE COMPLETED AT THE DEPARTMENT OF HUMAN RESOURCES, PRIOR TO THE COMMENCEMENT OF THE LEAVE WITHOUT PAY. AT THIS TIME, A CHEQUE MUST BE SUBMITTED TO COVER THE COST OF ALL THE CONTRIBUTIONS AND PREMIUMS FOR THE DURATION OF THE LEAVE WITHOUT PAY OR YOUR LEAVE WILL NOT BE APPROVED.\* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PENDANT MON CONGÉ SANS SOLDE / DURING MY UNPAID LEAVE OF ABSENCE** | | | | | | | | | | |  | | | | | |  | | | | |  | |  | |
| JE DÉSIRE MAINTENIR MA PARTICIPATION AU RÉGIME DE BASE DE L’ASSURANCE-MALADIE SEULEMENT  I WISH TO CONTINUE MY PARTICIPATION IN THE BASIC HEALTH INSURANCE PLAN ONLY | | | | | | | | | | |  | |  | | | | | | | | |  | |  | |
| JE DÉSIRE MAINTENIR MA PARTICIPATION AU RÉGIME D’ASSURANCE GROUPE  I WISH TO CONTINUE MY PARTICIPATION IN THE GROUP INSURANCE PLAN | | | | | | | | | | |  | |  | | | | | | | | |  | |  | |
| **SIGNATURE DE L’EMPLOYÉ(E):**  **EMPLOYEE’S SIGNATURE:** | | | | | | | | | | | | | | | DATE | | | | | | | | | | |
| année / year | | | | | | mois / month | | | jour / day | |

À L’USAGE DES RESSOURCES HUMAINES SEULEMENT / FOR HUMAN RESOURCES USE ONLY

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| APPROVÉ  APPROVED  **NON-APPROVÉ NOT APPROVED** |  |  | DATE | | |
|  | année / year | mois / month | jour / day |