



## PARO CONTRACT LEAVES

|                                   | <u>MEDICAL</u>                                                                                                                                        | <u>VACATION</u>                                                                      | <u>PROFESSIONAL LEAVE</u>                                                                                                                                                                            | <u>PREGNANCY AND PARENTAL LEAVE</u>                                                                                                                                                                                                                         |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Paid?</b>                      | Yes                                                                                                                                                   | Yes                                                                                  | Yes                                                                                                                                                                                                  | <p>Yes<br/> <i>Only those who are eligible for Employment Insurance (EI) are entitled to receive the top up.</i></p> <p>Pregnancy Leave Top Up: maximum of 15 weeks</p> <p>-</p> <p>Parental Leave Top Up:<br/>                     Maximum of 12 weeks</p> |
| <b>Will I retain my benefits?</b> | Yes                                                                                                                                                   | Yes                                                                                  | Yes                                                                                                                                                                                                  | Yes                                                                                                                                                                                                                                                         |
| <b>Length of leave</b>            | Salary will be maintained and continued until the end of the appointment or for <b>six (6) months</b> , whichever occurs first, and Employee Benefits | Residents shall be entitled to <b>four (4) weeks</b> paid vacation during each year. | In addition to vacation entitlement, residents shall be granted an additional paid leave for education purposes. Up to a maximum of seven (7) <b>working days</b> per annum, shall be consecutive is | <p><b>Pregnancy leave:</b><br/>                     A resident shall receive up to <b>seventeen (17) consecutive weeks of pregnancy leave</b> at their discretion.</p> <p><b>Parental leave:</b></p>                                                        |

|                                                             |                                                                                                                                                                                                                      |                  |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                             | enumerated in Article <a href="#">19.1</a> and <a href="#">19.2</a> shall be maintained until the end of the appointment during such medical disability. After six (6) weeks you can apply for Long Term Disability. |                  | requested by the resident and shall not be deducted from regular vacation entitlement. | A resident who is eligible for pregnancy leave may extend the leave for a period of <b>up to eighteen (18) months</b> duration, inclusive of parental leave.<br><br>A resident who is the parent of a child shall receive up to <b>sixty-one (61) weeks parental leave</b> if the resident took pregnancy leave, or <b>sixty-three (63) weeks</b> if the resident did not take pregnancy leave, following the birth of the child or the coming of the child into custody. |
| <b>Required documentation</b>                               | Medical note from health care practitioner                                                                                                                                                                           | N/A              | Confirmation of Canadian or American professional certification examination.           | Proof of application and payment from EI or QPIP                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Where to send the information / who do I speak with?</b> | Faculty Wellness Program and Program Director                                                                                                                                                                        | Program Director | Program Director                                                                       | Program Director                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Access to the Faculty Wellness Program?</b>              | Yes                                                                                                                                                                                                                  | Yes              | Yes                                                                                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

**\*\* For more information about PARO Contract Leaves, please visit <https://myparo.ca/your-contract/>**

## OTHER LEAVES

|                                                             | <b>EDUCATIONAL</b><br>(Beyond the 7 days of professional leave) | <b>COMPASSIONATE LEAVE</b> | <b>ONTARIO LEGISLATED LEAVES</b><br>(e.g., bereavement leave)              |
|-------------------------------------------------------------|-----------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------|
| <b>Paid</b>                                                 | No                                                              | No                         | No                                                                         |
| <b>Will I retain my benefits?</b>                           | No                                                              | No                         | Varies,<br>Please reference the <a href="#">Ontario government website</a> |
| <b>Length of leave</b>                                      | One (1) year                                                    | Six (6) months             | Please reference the <a href="#">Ontario government website</a>            |
| <b>Required documentation</b>                               | Confirmation of program registration                            | N/A                        | N/A                                                                        |
| <b>Where to send the information / Who do I speak with?</b> | Program Director                                                | Program Director           | Program Director                                                           |
| <b>Access to the Faculty Wellness Program?</b>              | Yes                                                             | Yes                        | Yes                                                                        |

Faculté de médecine – Programme de promotion de la santé à la Faculté  
Faculty of Medicine – Faculty Wellness Program

wellness@uottawa.ca



uOttawa