

### CANADIAN REGISTRATION BOARD OF OCCUPATIONAL HYGIENISTS CONSEIL CANADIEN D'AGRÉMENT DES HYGIÉNISTES DU TRAVAIL

# POLICY ON LEAVE OF ABSENCE

A Member may be granted a leave of absence when unable to perform occupational hygiene work for a defined period of time due to conditions found acceptable by the Board.

#### **ELIGIBILITY**

Members of the Canadian Board of Registered Occupational Hygienists are eligible for Leave of Absence under the following conditions,

- A leave of absence may be granted for medical, parental or acceptable hardship reasons.
- Submission of Leave Of Absence Request form
- Leave is approved by the CRBOH Board of Directors

#### **DURATION OF LEAVE**

- Minimum leave granted is 6 months.
- Maximum leave granted is 3 years

#### **ACCUMULATION OF REGISTRATION MAINTENANCE POINTS**

- While on leave a member is expected to accumulate points in categories other than occupational hygiene practice.
- While on leave a member must accumulate a minimum of 50 [(5/12) x months on leave] rounded down to the nearest 0.5 in any 5-year cycle.

#### **PAYMENT OF ANNUAL MEMBERSHIP DUES**

A member on leave must maintain dues during the period of leave

#### **USE OF DESIGNATIONS**

 A member on leave may continue to use the ROH or ROHT designations as appropriate while on leave.

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## CANADIAN REGISTRATION BOARD OF OCCUPATIONAL HYGIENISTS CONSEIL CANADIEN D'AGRÉMENT DES HYGIÉNISTES DU TRAVAIL

#### APPLICATION FOR LEAVE OF ABSENCE

Members may apply for a leave of absence due to valid hardship reasons as approved by the CRBOH Board of Directors.

The CRBOH Board of Directors shall keep all information provided on this application in confidence.

MEMBER INFORMATION							
Name:							
Type of Registration: ROH  ROHT ROHT					Registration No:		
Current Emp	loyer						
Current Posit	tion						
Mailing Addre	ess:						
City:							
Country:					Postal/Zip	Code:	
Tel:		Fax:			e-mail:		
REQUEST FOR LEAVE INFORMATION							
Reason for Leave:							
Start Date:			Expected End Date:				
I have read, u		agree to the	conditi	ons set in	the current	CRBOH Policy on	
Applicant's Signature:				Date:			
	for Leave of Abs n approved □; no			iewed by	the CRBOH	Board of Directors	
CRBOH Pres			Dat	Date:			
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