

Cornerstone Association of REALTORS®

Compassionate Leave of Absence Form

For _____

The Cornerstone Association of REALTORS® (Cornerstone) is dedicated to fostering a healthy work-life balance for its members and acknowledges that unforeseen circumstances may necessitate immediate emergency leave while putting their career on hold. This policy addresses scenarios wherein members may require unplanned absences to address urgent matters impacting themselves, their families, or dependents. Each Cornerstone member is entitled to time off to tend to familial, dependent emergencies or compassionate needs. The length of compassionate leave will be assessed on a case-by-case basis according to the specific situation.

I, _____ (Broker of Record/Brokerage Manager)

PRINT FULL NAME

AND

_____ (Member's name),

PRINT FULL NAME

of _____ (Brokerage name)

PRINT FULL NAME

Hereby give notice of a leave of absence, for the purpose of exemption from Cornerstone dues for the duration of the member's compassionate leave, not exceeding the timeframe of up to one year, unless granted an extension in special circumstances, to commence on:

_____ (date).

MM/DD/YY

From time to time, it is necessary to correspond with the Member during their medical leave. Please provide a home address and telephone number in the space below.

Home Address _____

NUMBER & STREET NAME

CITY/TOWN

PROVINCE

POSTAL CODE

Telephone Number: _____ Personal Email Address: _____

membership@cornerstone.inc

Terms & Conditions

I acknowledge that during the period of this leave of absence, the Member will not trade in real estate whatsoever (this includes, but is not limited to; logging into the MLS® System, providing/receiving referral fees, assisting other registrants at open houses or in any other real estate capacity, etc).

INITIALS

I acknowledge that all MLS® System access and other privileges of membership shall cease during the duration of a leave. Access to Cornerstone's MLS® System will resume when the Member returns to active status.

INITIALS

I acknowledge that Cornerstone will not disclose the reason for the Member's leave of absence to another member or Association/Board.

INITIALS

I acknowledge that any listings in the Member's name at the time of the leave must be assigned to another member.

INITIALS

I acknowledge that for the Member to maintain leave of absence status, OREA and CREA payment must be received prior to the beginning of each quarter.

INITIALS

I acknowledge that quarterly Cornerstone dues will not be charged to the member while on a leave of absence and that the pro-rated amount of Cornerstone dues will be due and payable upon the Member's return.

INITIALS

I acknowledge that it is the Member's responsibility to ensure that all requirements for their RECO license, including the mandatory continuing education and the RECO insurance is up to date.

INITIALS

I acknowledge that should the member decide to terminate their RECO license, they will notify Cornerstone immediately.

INITIALS

I acknowledge that Cornerstone reserves the right to request a doctor's note from the Member when applying for a leave of absence, as deemed necessary and reasonable.

INITIALS

Signature of Broker of Record/Brokerage Manager: _____ Date: _____
MM/DD/YY

Signature of Member: _____ Date: _____
MM/DD/YY

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