

Request for Time Off Year _____

BCGEU EXEMPT PPWC SCFA

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EMPLOYEE SURNAME

FIRST NAME

TIME REQUESTED:

NUMBER OF DAYS:

FROM: _____

TO: _____

CATEGORY:

COMPASSIONATE LEAVE

UNION BUSINESS

LEAVE WITH PAY

VACATION

LEAVE WITHOUT PAY

OTHER _____

SIGNATURES:

Employee

Date

Supervisor

Date

Human Resources

Date