

EMPLOYEE LEAVE REQUEST

PLEASE ATTACH THIS FORM TO THE CHANGE REQUEST WHEN SUBMITTING TO HUMAN RESOURCES.

HUMAN RESOURCES



Please review the collective agreement for your union to better understand restrictions.

Date Submitted:	Employee Name:
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Union:	Department/School/Program:
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Position:	Supervisor(s) Name:
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Type of leave requested: <input type="checkbox"/> Assisted/Paid Leave <input type="checkbox"/> Unassisted/Unpaid Leave <input type="checkbox"/> Maternity/Parental Leave <input type="checkbox"/> Other (I.E. Sick Leave, Compassionate Care Leave, Jury Leave, Bereavement Leave)	Leave Start Date (MM/DD/YY): Leave End Date (MM/DD/YY):
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Rationale for Request (attach any relevant documentation or emails):

Have you discussed your vacation utilization plan with your supervisor? (It's important to know and use your vacation balance prior to taking leave.)

Yes No

Please attach any relevant documentation to this form. (For example: Doctors Note, Jury Letter, etc.)

Recommendation from Director/Dean or Supervisor in your division? Yes No
(for assisted/paid leave or unassisted/upaid leave)

I acknowledge that I may not have access to College paid benefits depending upon the type of leave requested and based on entitlements contained in Collective Agreements and as set out in the carrier eligibility requirements. Details of how a leave will affect your benefits should be discussed with the HR Advisor Pension & Benefits. I agree that if eligible any benefits that continue will be pre-paid in full prior to the commencement of my leave.

Employee

Date

Signature

APPROVALS

Recommendation:

Supervisor/Chair/Dean

Date

Signature

Human Resources

Date

Signature

President (if required)

Date

Signature