



REQUEST FOR LEAVE OF ABSENCE

A. EMPLOYEE INFORMATION

Employee Name: _____ Position: _____
Email Address: _____ Phone Number: _____
School/Department: _____ Employee #: _____

Please Check

- Regular full time
 Regular part-time

B. TYPE OF ABSENCE REQUESTED

- | | | |
|---|---|--|
| <input type="checkbox"/> Maternity (Doctor's Certificate) | <input type="checkbox"/> Marriage/Civil Union | <input type="checkbox"/> Return to Studies |
| <input type="checkbox"/> Extended Maternity Leave | <input type="checkbox"/> Family Responsibility | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Paternity | <input type="checkbox"/> Medical (Doctor's Certificate) | <input type="checkbox"/> Loan of Service |
| <input type="checkbox"/> Parental | <input type="checkbox"/> Bereavement (Immediate family) | <input type="checkbox"/> Extension of Current Request |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Bereavement (Extended family) | <input type="checkbox"/> Progressive Retirement (see appropriate appendix in collective agreement) |
| <input type="checkbox"/> Preventative | <input type="checkbox"/> Illness or Accident (Employee) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Deferred Sabbatical (see appropriate appendix in collective agreement) | <input type="checkbox"/> Illness or Accident (Immediate family) | |
| | <input type="checkbox"/> Serious illness of minor child | |

Please Specify: _____

Please Attach Necessary Documentation

Date of absence from : _____ To: _____

C. PREVIOUS LEAVES

Have you previously received a leave of absence? YES NO (If "yes", provide information below)

Date of leave: From: _____ To: _____ Total time taken _____

Purpose of leave: _____

Administrator Name: _____ Title: _____

D. TO BE COMPLETED BY ADMINISTRATOR

Staff member was hired on _____.

He/she started in this School/Centre/Department on _____.

How will the staff member's duties and responsibilities be handled during his or her leave of absence?

E. ADMINISTRATOR'S ADDITIONAL COMMENTS AND RECOMMENDATIONS



Approved

Not Approved

Administrator signature: _____

Date: _____

Employee Signature: _____

Date: _____

F. BOARD APPROVAL

Approved DHR signature: _____

Date: _____

Not Approved DHR signature: _____

Date: _____

Reason: _____
