



Leave Form

Revised: February 2016

Name:						Employee No.:			
Department: Corporate <input type="checkbox"/> Community <input type="checkbox"/> Infrastructure <input type="checkbox"/> Admin <input type="checkbox"/> P&D <input type="checkbox"/>						Division:			
FROM:	Time	Day	Month	Year	TO:	Time	Day	Month	Year
Employee Signature:						Date Signed:			

Request For Approval:☐ Unpaid☐ Paid (Check leave balances for available credits)

- _____ Annual Leave (may go into negative balance if within estimated leave total)
- _____ Compensatory Leave (Exempt staff only)
- _____ Banked Time (must already be accrued)
- _____ Earned Day Off (must already be accrued)
- _____ *Unpaid Leave of Absence (specify details in section below)

Claimed Leave Entitlement:☐ Unpaid☐ Paid (Check leave balances for available credits)

No. of Hours	Type of Leave (Do not include days off, statutory holidays, etc.)
_____	Family Responsibility Leave (up to 5 days per year; details must be provided below)
_____	Jury Duty (proof of attendance is required)
_____	Bereavement Leave (Relationship to employee _____ Travel off coast required Y/N _____)
_____	*Sick Leave (Sick leave for over 7 calendar days requires application for short-term disability insurance – contact HR)
_____	*Medical Appointment (from Sick Leave bank) (If Medical Appointment indicate time _____ Travel off coast required Y/N _____)
_____	*Maternity/Parental Leave (contact Human Resources for entitlement planning)

Details:

Please provide any relevant information in support of your request or claim:

NOTE: All requests to attend training, education, conferences, conventions or seminars should be applied for on Request for Education & Training Leave Form

Manager's Authorizing Signature (or Designate)	Comments:
Approved: _____	
Date Approved: _____	
Denied: <input type="checkbox"/>	
Date Denied: _____	

Managers/Supervisors - after approval, please:

- Retain original for attaching to employee timesheet for pay period in which leave begins.
- *Copy to HR only if sick leave in excess of 7 calendar days; maternity/parental; all requests for 'other' leave.