



## REQUEST FOR LEAVE OF ABSENCE - CUPE Local 2298

### Leave Information

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Work Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Absence: \_\_\_\_\_

Time of Absence: \_\_\_\_\_

**Reason for Absence:** Mark appropriate area with "X" (attach any pertinent documents pertaining to leave)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> 14 Vacation     | <input type="checkbox"/> 15.01 General                 | <input type="checkbox"/> 15.03 Weather Conditions | <input type="checkbox"/> 15.04 Compassionate  |
| <input type="checkbox"/> 15.05 Cultural  | <input type="checkbox"/> 15.06 Representative of Union | <input type="checkbox"/> 15.07 Examinations       | <input type="checkbox"/> 15.08 Sick           |
| <input type="checkbox"/> 15.09 Maternity | <input type="checkbox"/> 15.10 Parental                | <input type="checkbox"/> 15.11 Adoptions          | <input type="checkbox"/> 15.12 Extended Leave |

**Leave of Absence request must be submitted at least one week prior to date of general leave requested. Please attached all supporting documents: medical, meeting, training, workshop, PRO-D.**

**Explanation:**

***Please do not book travel/appointments until you have received your leave application back approved.***

_____	_____
<b>Employee Signature</b>	<b>Date</b>

### Approval

**Supervisor's Recommendations:**

**Comments**

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> Received and recommend approval with pay<br><input type="checkbox"/> Received and recommend approval without pay<br><input type="checkbox"/> Received and recommend leave be denied. | _____<br>_____<br>_____ |
|---|-------------------------|

_____	_____
<b>Approval Signature</b>	<b>Date</b>

This is a district form duly adopted by the Board. No application will be considered unless submitted on this form. Any attached pertinent documents will be photocopied and returned to applicant. Original of the application to the Board Office, by receiving supervisor. This form shall precede approval of any leave except emergency cases.

Revised: 12-Jun-20

Entered in SDS	_____	_____
	Date	Initials