



SECTION I: TO BE COMPLETED BY THE EMPLOYEE

Name: _____ Employee #: _____ Site: _____
Address: _____ Telephone: Home _____ Work: _____

TYPE OF LEAVE REQUESTED :

- Deferred Leave of Absence
(please complete section IV below)
- Full Time personal leave without pay (+30 days)
- Full Time leave without pay for studies
(please attach proof of enrollment)
- Full Time leave without pay to teach
(please attach a copy of your teaching contract)
- Full Time Northern Leave without pay
(please attach a copy of your employment contract)
- Partial Leave of Absence
(please complete section II)
- Other (please specify) _____

Dates Requested : From : _____ To : _____

SECTION II: If you are requesting a Partial Leave of Absence, please complete this section. Attach the necessary proof when required.

Specify the type of partial leave you are requesting:

- For Studies To Teach For Personal reasons

Specify the number of **days of absence** per week :

Identify which days of the week you will be on a leave (which days you will NOT work)

Week 1	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Week 2	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

PENSION CONTRIBUTIONS WHILE ON A PART TIME LEAVE OF ABSENCE

During my part time leave, I wish to maintain my Pension contributions based on:

- My regular position hours My part time hours (the hours worked during the leave)

Comments :

Employee Signature : _____ Date : _____

SECTION III: TO BE COMPLETED BY THE EMPLOYEE'S MANAGER

- I approve this request as per the dates mentioned above (**approval is subject to authorization from Human Resources**)
- I cannot approve the above request

Name (please print) _____ Extension _____ Office number _____

Comments: _____

A copy of this form was remitted to the employee on : _____

Signature: _____ Date: _____

SECTION IV: Employee MUST complete this section if they are requesting a **DEFERRED LEAVE OF ABSENCE**. A representative from Human Resources will contact you for more information. Please refer to your collective agreement/working conditions for the options available to you.

		Dates	
		From	To
Duration of the payment plan:	# of years (including the leave portion)		
Duration of the Leave:	# of months		
Percentage of salary during the plan:	%		

THE EMPLOYEE MUST COMPLETE, SIGN AND DATE THIS FORM THEN REMIT IT TO THE DEPARTMENT MANAGER FOR APPROVAL PRIOR TO SENDING IT TO HR

For Information please contact the HR INFO-CENTRE at local 31617