

LEAVE OF ABSENCE

NAME: _____

DATE: _____

LEAVE TYPE	FROM (INCLUSIVE)			TO (INCLUSIVE)			NO. OF DAYS	TOTAL HOURS
	dd	mm	yy	dd	mm	yy		
Annual								
Illness (*see "Sick Leave Declaration" below)								
Compensatory								
Other leave of absence (provide details below)								

Reason for leave:

FOR OFFICE USE ONLY

Employee Status:

Full Time

Part Time

Casual

Leave Status:

Leave granted with pay

Leave granted without pay

Notes:

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

Sick Leave Declaration: I declare on my honour that due to illness or injury I was incapable of performing the duties of my position during the entire period of absence for which leave is requested as indicated. At the company's discretion, where accumulated number of sick leave days exceed total allowable for the year, vacation leave days may be deducted in lieu of sick leave without pay.

Physician's certificate (if applicable):

Completed and attached

To follow

Unobtainable (explanation below)

Employee signature: _____

Date: _____