

Leave of Absence Request

This form is to be completed by employees requesting a leave of absence greater than two weeks. For extended vacation approval, you must provide a minimum of 3 months' notice to your Department Director in order to be approved.

Name of Employee:	Department:	Date of Request:
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Extended Leave Request

First Day of Vacation:	Last Day of Vacation:	Current Vacation Hours Remaining from Allotment:
Are there any unpaid days? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify how many days will be unpaid:
Will benefits coverage continue? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify the monthly premium deduction:

Reason for Leave

- Maternity Leave
- Parental Leave - 35 or 63 weeks
- Extra Parental Day (5 or 8 weeks if shared)
- Leave of Absence Without Pay
- Compassionate Care (Legislated)
- Sick/Medical Leave

Explanation of Requested Leave

Approval of Requested Leave

- Approved
- Not Approved

Signature of Employee

Date (mm-dd-yyyy)

Signature of Manager

Date (mm-dd-yyyy)