



# Request for Leave of Absence Form

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Written requests for leave of absence will be considered (refer to your *Staff Agreement* for more information), as follows:

\*Unpaid by Employer:

- Personal Leave of Absence for up to twenty (20) days, provided no vacation days or floating holidays remain (Supervisor approved);
- Personal Leave of Absence for twenty (20) days or more (CAO approved); and
- Leaves provided through the *Employment Standards Act*.

Paid by Employer:

- Bereavement Leave
- Witness/Jury Leave

Written requests for leaves provided through the *Employment Standards Act (ESA)* will be considered for eligible employees (refer to the *ESA* for more information).

I am requesting a total number of \_\_\_\_\_ days / weeks / months to be away from my position, for the following specified reason:

- |  |  |
|--|--|
| <input type="checkbox"/> Personal Leave of Absence*                        | <input type="checkbox"/> Bereavement Leave (list relationship) |
| <input type="checkbox"/> Pregnancy/Parental Leave Leave*                   | <input type="checkbox"/> Jury/Witness Duty (copy of subpoena)  |
| <input type="checkbox"/> Personal Emergency Leave*                         | <input type="checkbox"/> Critically Ill Child Care Leave*      |
| <input type="checkbox"/> Family Medical Leave*                             | <input type="checkbox"/> Family Caregiver Leave*               |
| <input type="checkbox"/> Reservist Leave*                                  | <input type="checkbox"/> Organ Donor Leave*                    |
| <input type="checkbox"/> Crime-Related Child Death or Disappearance Leave* | <input type="checkbox"/> Other*: _____                         |

First day off-work for the above noted *Leave*: \_\_\_\_\_

Date *returning* from the above noted *Leave*: \_\_\_\_\_

### Additional Information or Comments:

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Supervisor/CAO

\_\_\_\_\_  
Date

Original to Personnel File

Copy to Payroll

Copy to Employee