

HLI / PROOF

STAFF REQUEST FOR LEAVE FORM



To be completed by employee: *(Please print)*

Name: _____

Employee Category: M&P Tech CUPE 2950 Other

A. I request leave for:

- Vacation Compassionate Leave
- Sick Leave/Medical Time off in Lieu of overtime
- Leave of Absence without pay Maternity / Adoption / Parental Leave
- (Reason _____) Other _____

I advised _____ in my Department via phone/email on _____ that I was unable to work because I / my child was ill.

Time requested:

Number of working days / hours: _____ days _____ hours

From: _____ to _____ inclusive

Employee's signature: _____ Date: _____

B. I request leave for:

- Medical / Dental appointment Date of appointment: _____

Time requested:

Number of hours: From _____ a.m./p.m. to _____ a.m./p.m.

Amount of time needed: *(Do not include break times or lunch)* _____ hours

Comments: _____

Employees signature: _____ Date: _____

To be completed by Supervisor:

Approved: Yes No *Please notify employee of your decision.*

Supervisor's signature: _____ Date: _____

Human Resources/Employee File: Recorded by: _____ Date: _____

Please continue to record your own information in your personal UBC calendar.