

REQUEST FOR LEAVE OF ABSENCE

PLEASE COMPLETE AND FORWARD TO
HUMAN RESOURCES SERVICES

	NAME	I.D. NUMBER	DATE OF EMPLOYMENT	POSITION
B	DEPARTMENT	CAMPUS ADDRESS	EXTENSION	LAST DAY WORKED
C	I REQUEST A LEAVE OF ABSENCE FROM _____ TO _____ INCLUSIVE.			
	REASON FOR LEAVE: _____			
D	EMPLOYEE'S SIGNATURE: _____			DATE: _____
E	IN CASE OF PREGNANCY/PARENTAL LEAVE FOR A CONTINUING EMPLOYEE: It is my intention to return to work in my department at the end of the above mentioned period of pregnancy leave. EMPLOYEE'S INITIALS: _____			
F	IN CASE OF PREGNANCY/PARENTAL LEAVE FOR AN EMPLOYEE UNDER A LIMITED TERM APPOINTMENT: Appointment end date: _____ I understand that if I qualify for benefits under the SUB plan, my entitlement to those benefits will cease on the end date of my appointment, unless the appointment is extended. EMPLOYEE'S INITIALS: _____			
NOTE:				
<ul style="list-style-type: none"> A Record of Employment (ROE) is required if you wish to apply for Employment Insurance Benefits. An ROE will be issued electronically to Service Canada after you receive your last regular pay deposit. Please contact your Human Resources Representative, should you require a hard copy. For leaves of absence less than one month in duration, unless otherwise indicated, it is assumed your benefit and pension plan coverage will continue and the applicable premiums will be deducted on your first pay deposit upon your return to work. For Employment Insurance purposes, we recommend that you start your Pregnancy/Parental Leave on a Sunday and end it on a Saturday. 				
Please note that in the case of a pregnancy leave request, either section "E" or "F" above <i>must</i> be completed by the employee.				
APPROVED BY:				
1.	DEPARTMENT HEAD AND/OR DESIGNATE:			DATE: _____
	_____ <small>Please Print Name and initial here</small>			
RECEIVED BY:				
3.	HUMAN RESOURCES:			DATE: _____

cc: Dean's Office for all Faculty Leaves only cc: Provost's Office for all Faculty Leaves only cc: Faculty Relations Office – FHS for all Faculty Leaves only				

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