Request for Leave of Absence
(for an absence greater than 10 days)

Human Resources

Employee Name: _____________________________

Employee #: _________________________________

Department Name: _________________________________

Leave of Absence with Pay
• Parental/Adoption Leave – Staff (top-up for max 17 weeks)
  From: __________________________   To: ___________________________
• Parental/Adoption Leave – Faculty (top-up for max 52 weeks)
  From: __________________________   To: ___________________________

Leave of Absence without Pay
• Parental/Adoption Leave (no top-up)
  From: __________________________   To: ___________________________
• Educational Leave
  From: __________________________   To: ___________________________
• Personal Leave
  From: __________________________   To: ___________________________
• Compassionate Leave
  From: __________________________   To: ___________________________

Signature of Applicant __________________________
Date __________________________

Signature of Approving Supervisor, Director or Chair __________________________
Date __________________________

Upon completion of this form, please forward to your Human Resources Service Associate with an appropriately completed employee data form.

For an explanation of Leaves of Absences, please refer to the relevant agreement/policies covering your position. Benefits may change depending on the type of leave; contact your HR Service Associate for details.

Please forward completed form to Human Resources, University Centre, Level 5.