



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.