



## LEAVE OF ABSENCE REQUEST FORM

Complete this form for a leave of absence greater than ten (10) days.

For an explanation of Leaves of Absences, please refer to the relevant [Agreement](#) and/or [Policy](#) covering your position. Benefits may change depending on the type of leave; contact your HR Service Associate for details.

### Employee Information

Employee Name:

Employee Number:

Employee Department:

Department Number:

### Leave Information

Type of Leave:

Start Date of Leave:

End Date of Leave (if known):

**\*Will you be collecting Employment Insurance benefits based on the standard or extended parental benefits?  
Please check the relevant benefit:**

Standard benefit (35 weeks)

Extended benefit (61 weeks)

### Signatures

Employee's Signature:

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.**

### HR USE ONLY

Received Date:

Approval Date:

Notes: