Human Resources

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept Name:</td>
<td>Dept #:</td>
</tr>
</tbody>
</table>

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

### 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: [ ]

**Reason for Leave:**

---

**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 dataform.

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.