



## Request for Leave

### SECTION 1: Employee

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

School/Site: \_\_\_\_\_

Position: \_\_\_\_\_ Grade/Subject (if applicable): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Status: ☐ Permanent ☐ Term/Probationary

### Leave Information

From: \_\_\_\_\_ To: \_\_\_\_\_ Total # of days: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

Collective Agreement: \_\_\_\_\_ Article #: \_\_\_\_\_

Request to be Paid: ☐ Yes ☐ No

**I understand approval of any unpaid leaves may result in an overpayment for which I am responsible to repay the HRCE.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2: Principal/Supervisor Approval

Approved: ☐ Yes ☐ No Employee Notified: ☐ Yes ☐ No

Substitute ☐ Yes ☐ No Term: ☐ Yes ☐ No

If substitute costs are to be recovered, please attach details: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send the completed form for any UNPAID LEAVES to HR Services by email at [hrcereception@hrce.ca](mailto:hrcereception@hrce.ca)**