

UNBC Leave Form for Salaried Employees

Supervisors must ensure that forms are completed, signed and forwarded to Human Resources for retention.

ACADEMIC SERVICES CUPE DIRECTORS & EXECUTIVE EXEMPT FACULTY STUDENTS

EMPLOYEE NO:	EMPLOYEE NAME (Please Print):
DEPT/PROGRAM:	ORIGINAL DATES : <input type="checkbox"/> CHANGE TO ORIGINAL DATES: <input type="checkbox"/>
POSITION:	IF CHANGE INDICATE ORIGINAL DATES:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	If Part Time please provide schedule hours per day: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>

FIRST DAY OFF (mm/dd/yr)	LAST DAY OFF (mm/dd/yr)	NO. OF HOURS

If there is a break in days off requested please submit separate leave forms for each separate absence.

REASON FOR LEAVE
Vacation
Banked Time
Sick Leave: <i>(Physician's certificate required if greater than five days)</i> Appointments: Medical <input type="checkbox"/> Dental <input type="checkbox"/>
Illness in the Family <i>(explanation required below)</i> Indicate relationship: _____
Family Responsibility Leave <i>(CUPE Unpaid Leave)</i> Indicate relationship: _____
General Leave without Pay
Leave for Union Activities - Bill Union: No <input type="checkbox"/> Yes <input type="checkbox"/> - CUPE President's Initials <input style="width: 50px;" type="text"/>
Pallbearer and Mourner's Leave
Bereavement/Compassionate Leave : Indicate relationship: _____
Leave for Serious Fire/Flood
Leave for Court Appearances <i>(Please attach court summons / subpoena)</i>
Maternity/Parental Leave <i>(Appointment required with Human Resources)</i>
Work Related Illness/Injury: WCB form 7 must be completed by supervisor immediately.
Special Leave with Pay: Indicate Article No: _____

EXPLANATION (If Applicable):

EMPLOYEE'S SIGNATURE:	DATE SIGNED:
SUPERVISOR'S SIGNATURE: Acting: <input type="checkbox"/> PLEASE PRINT NAME:	DATE SIGNED:

I verify the employee has the time available to take the requested leave.

This form is online fillable. Once fillable form is completed, please print it for signatures and submit original to Human Resources. Supervisor/Employee to take copies as needed.