



Work Schedule Variation Request

(PLEASE PRINT)

ONE FORM to be completed for EACH request.

Employee Name: _____ Date: _____ Facility: _____
(First and Last name)

A. SHIFT EXCHANGE

- **Must be received a minimum of two business days in advance of request**
- **Must be completed and signed by both employees before the request will be considered**
- **Shift trades may not result in either employee working more than 48 hours in a week, 6 days in a row, 12 hours in a day or overtime.**

_____ will work for _____
(First and Last name) (First and Last name)

on _____ and _____
(date and shift) (name)

will work for _____ on _____
(name) (date and shift)

Signature _____ Signature: _____
(1st employee) (2nd employee)

B. UNPLANNED LEAVES

SICK LEAVE

- **Proof of illness may be required.**

Date(s) absent: _____

Nature of illness or injury: _____

Employee's Signature: _____ Date: _____

FAMILY RESPONSIBILITY LEAVE

Date(s) absent: _____ Reason: _____

Employee's Signature: _____ Date: _____

OFFICE USE ONLY: Request for Leave Shift exchange has been:

Approved from _____ to _____

Denied Coordinator Signature: _____ Date: _____



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C. PRE-PLANNED LEAVES – notice required prior to leave

<input type="checkbox"/> Vacation	<input type="checkbox"/> Jury Duty
<input type="checkbox"/> Stat Lieu Day	<input type="checkbox"/> Bereavement
<input type="checkbox"/> Wellness Day (must qualify)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Union Leave	<input type="checkbox"/> Leave of Absence and Reason (14 days notice)
<input type="checkbox"/> Union Leave – Lieu Day	_____

Date(s) & Shift(s) Leave requested:

Employee's Signature: _____ Date: _____

MATERNITY /PARENTAL LEAVE

> **Doctors note required with your expected date of delivery**

Maternity Leave (**14 Days notice**) Expected Day of Delivery: _____

Parental Leave (**4 weeks notice**) to commence on date: _____

Expected date of return to work: _____

Reminder: You are expected to provide a doctors note two weeks prior to your return to work that states you are fit for work

Employee's Signature: _____ Date: _____

OFFICE USE ONLY: Request for Leave Shift exchange has been:

Approved from _____ to _____

Denied Coordinator Signature: _____ Date: _____