

UNBC Leave Form for Salaried Employees

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

EXEMPT FACULTY CUPE ACADEMIC SERVICES DIRECTORS & EXECUTIVE 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> Medical Appointments <input type="checkbox"/> Dental Appointments <input type="checkbox"/>	
Illness in the Family <i>(explanation required)</i> Indicate relationship:	
Family Responsibility Leave <i>(CUPE Unpaid Leave)</i> Indicate relationship:	
General Leave without Pay	
Leave for Union Activities Bill Union: <input type="checkbox"/> No <input type="checkbox"/> Yes – 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.

Submit Original to Human Resources Copy for Employee Copy to Supervisor