



Employee Absence Form

Approval Required for 3 Days or more

NAME: _____

LOCATION: _____

TITLE: _____

SUBMISSION DATE: _____

EMPLOYEE ABSENCE/PRE-APPROVAL

Sick - Vacation - TIL - Paid Medical (Article 15.9) - Planned/Extended Medical - Union Leave (attach leave notice) - Leave Without Pay - Other (explanation required)

	FROM				TO			HOURS	REASON
	MONTH	DAY	YEAR		MONTH	DAY	YEAR		

Explanation: _____

DECLARATION OF LEAVE FOR PRESSING NECESSITY/BEREAVEMENT

Bereavement - Family Emergency - Pressing Necessity - Family Medical - Other

I hereby declare that I am accessing _____ hrs leave with pay from _____ (start date) to _____ (end date) for the purpose of _____ (purpose).

The leave being accessed is consistent with the Collective Agreement and the College's Pressing Necessity and Bereavement Leave policy and with the spirit and intent of the guidelines contained therein.

APPROVAL SIGNATURES - required for paper versions only (When an "Employee Absence, Pre-Approval & PN/Bereavement Form" is emailed the forwarding of the email will suffice as approval.)

Employee Signature: _____

Date: _____

In Scope Supervisor: _____
(Not required for PN/Bereavement)

Date: _____

Out of Scope Supervisor: _____
(Not required for PN/Bereavement)

Date: _____