

REQUEST FOR LEAVE



Surname			Department														
Given Names			Work Location/Site														
Employee ID#			Position														
Code Mark with x	Type	Working Days	Inclusive Dates						Instructions:								
			From			To											
			Day	Month	Year	Day	Month	Year	<p>Employee</p> <ol style="list-style-type: none"> Please print or type. Fill out form and give to your designated supervisor. A copy will be returned to you later. <p>Supervisor</p> <ol style="list-style-type: none"> Complete approval section and forward to payroll office. Where possible, requests should be for prior approval. 								
01	Sick																
()	() Employee (Personal)																
	() Family																
	() WCB-Related																
02	Leave with Pay																
()	() Time Back																
	() Banked Stat																
	()																
03	Leave Without Pay																
()																	
04	Bereavement Leave																
()	() Paid () Unpaid																
05	Vacation Leave																
()	Alternate Dates																
06	Educational Leave																
()	() Paid () Unpaid																
07	Union Leave with Pay																
()	() Bill Union () Non-Bill																
08	Other																
()	() Paid () Unpaid																
09	Maternity/Parental Leave																
()																	
Name of Replacement									<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 10%; text-align: center;">Funding Source Code</td> <td style="width: 20%; text-align: center;">Amount</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> </table>				Funding Source Code	Amount			\$
	Funding Source Code	Amount															
		\$															
Reason for Request			Hours x hourly rate														
			_____ x _____														
			Tuition - Registration														
			Books														
			Travel														
			Meals / Lodging														
			Total														
			Funding Source Codes:						<ol style="list-style-type: none"> MNU Staff Development Other (specify) _____ 								
			Date _____														
			Date _____														
			Date _____														
<p>() RECOMMENDED () REFUSED () APPROVED</p> <p>Comments:</p> <p>_____</p> <p>(Signature of Employee)</p> <p>_____</p> <p>(Other Signature, If Required)</p> <p>_____</p> <p>(Signature of Supervisor)</p>									<p>Please complete and forward:</p> <ol style="list-style-type: none"> Original to Payroll/Scheduling personnel file. Copy to employee. Copy to supervisor, if required. Copy to Staff Development if education leave. 								