

## Request for Leave Form

Dept	Last Name	First Name	Employee Number	Union	Non-union
68					

Leave code	Description	From Date mm-dd-yyyy	To Date mm-dd-yyyy	# Hours	# Days	* Reason
20	Vacation					
34	Pro-rated vacation					
	Purchase additional vacation					
61	Non Instructional Time					
40	Time off in Lieu of OT					
30	Sick Leave paid					
35	Sick leave advanced					
1	Sick Leave unpaid					
43	Medical					
11	Long Term Disability					
14	Workplace Injury					
2	Maternity Leave					
8	Parental leave					
16	Adoption leave paid					
15	Adoption leave unpaid					
32	Paternity paid					
33	Paternity unpaid					
17	Bereavement Leave					
18	Bereavement - family					
24	Emergency					
25	Family paid					
26	Family unpaid					
10	Miscellaneous unpaid *					
28	Miscellaneous paid *					
42	Pre-retirement leave					
46	Volunteer Leave					
4	Sabbatical leave					
3	Educational leave unpaid					
23	Educational leave paid					
9	Entrepreneurial leave					
7	Seasonal inactive					
38	Union business/unpaid					
37	Union business/paid					

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

### Vacation Carry Over Request

Please approve the carry-over of \_\_\_\_ days of vacation to the next calendar year.

Approved ☐

Signature of Manager \_\_\_\_\_ Date \_\_\_\_\_

Signature of Senior Management \_\_\_\_\_ Date \_\_\_\_\_

*Any document appearing in paper form is uncontrolled and must be compared to the electronic version.*