UNBC Leave Form for Salaried Employees

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

ACADEMIC SERVICES ☐ **CUPE** ☐ **DIRECTORS & EXECUTIVE** ☐ **EXEMPT** ☐ **FACULTY** ☐ **STUDENTS** ☐

EMPLOYEE NO:	**EMPLOYEE NAME (Please Print)**:
DEPT/PROGRAM:	**ORIGINAL DATES** : ☐ **CHANGE TO ORIGINAL DATES**: ☐
POSITION:	**IF CHANGE** INDICATE ORIGINAL DATES:
☐ **Full Time** ☐ **Part Time**	**If Part Time please provide schedule hours per day:** **Mon** ☐ **Tue** ☐ **Wed** ☐ **Thu** ☐ **Fri** ☐ **Sat** ☐ **Sun** ☐

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: ***(Physician's certificate required if greater than five days)*** Appointments: Medical ☐ Dental ☐	☐
Illness in the Family ***(explanation required below)*** Indicate relationship: _____	☐
Family Responsibility Leave ***(CUPE Unpaid Leave)*** Indicate relationship: _____	☐
General Leave without Pay	☐
Leave for Union Activities - Bill Union: No ☐ Yes ☐ – CUPE President's Initials ☐	☐
Pallbearer and Mourner's Leave	☐
Bereavement/Compassionate Leave : Indicate relationship: _____	☐
Leave for Serious Fire/Flood	☐
Leave for Court Appearances ***(Please attach court summons / subpoena)***	☐
Maternity/Parental Leave (***Appointment required with Human Resources)***	☐
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:** ☐ **PLEASE PRINT NAME:**	**DATE SIGNED:**

I verify the employee has the time available to take the requested leave.

This form is online fillable. Once fillable form is completed, please print it for signatures and submit original to Human Resources. Supervisor/Employee to take copies as needed.