| **Employee Name:** | **Job Title:** | **Date:** |
| --- | --- | --- |
| **Employee ID:** | **Manager’s Name:** |  |

**Please note the following:**

*Leave requests must be submitted at least three weeks prior to the start date of your request. All leave requests are subject to approval by management.*

| **Type of Leave Requested** |
| --- |
| * Sick Leave
 | * Paternity Leave
 |
| * Casual Leave
 | * Bereavement Leave
 |
| * Non-Public Holiday Leave
 | * Sabbatical Leave
 |
| * Maternity Leave
 | * Compensatory Leave
 |
| * Unpaid Leave
 | * Other (Please Specify):
 |

**Dates Requested for Leave: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Return Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Leave Approval:**

* **Approved**
* **Rejected**

| **Manager’s Comments:** |
| --- |

 **Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**