| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**