# REQUEST FOR LEAVE OF ABSENCE

Please complete and forward to Human Resources Services.

<table>
<thead>
<tr>
<th>NAME</th>
<th>I.D. NUMBER</th>
<th>DATE OF EMPLOYMENT</th>
<th>POSITION</th>
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<tbody>
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<tr>
<th>DEPARTMENT</th>
<th>CAMPUS ADDRESS</th>
<th>EXTENSION</th>
<th>LAST DAY WORKED</th>
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I request a leave of absence from ___________________ to ___________________ inclusive.

Reason for leave:

Employee’s signature: ____________________

Date: ____________________

In case of pregnancy/paternal leave for a continuing employee:

It is my intention to return to work in my department at the end of the above mentioned period of pregnancy leave.

Employee’s initials: ____________________

In case of pregnancy/paternal leave for an employee under a limited term appointment:

Appointment end date: ____________________

I understand that if I qualify for benefits under the SUB plan, my entitlement to those benefits will cease on the end date of my appointment, unless the appointment is extended.

Employee’s initials: ____________________

Note:
- A Record of Employment (ROE) is required if you wish to apply for Employment Insurance Benefits.
- An ROE will be issued electronically to Service Canada after you receive your last regular pay deposit. Please contact your Human Resources Representative, should you require a hard copy.
- For leaves of absence less than one month in duration, unless otherwise indicated, it is assumed your benefit and pension plan coverage will continue and the applicable premiums will be deducted on your first pay deposit upon your return to work.
- For Employment Insurance purposes, we recommend that you start your Pregnancy/Parental Leave on a Sunday and end it on a Saturday.

Please note that in the case of a pregnancy leave request, either section “E” or “F” above must be completed by the employee.

Approved by:

1. Department Head and/or designate: ____________________
   Date: ____________________
   Please print name and initial here

Received by:

3. Human Resources: ____________________
   Date: ____________________

Cc: Dean’s Office for all Faculty Leaves only
Cc: Provost’s Office for all Faculty Leaves only
Cc: Faculty Relations Office – FHS for all Faculty Leaves only

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