



## Request for Leave Form

Please use a *separate* form for each request e.g., one form for Vacation, one for Personal Days, etc.

PLEASE PRINT

USWA     UTFA     Non-Union

<b>Employee Name:</b>	<b>Department:</b>		<b>For the Year:</b>
<b>Type of Leave/Absence:</b> (Check appropriate box below)  <input type="checkbox"/> Vacation <input type="checkbox"/> Personal Days <input type="checkbox"/> Work Reduction Hours <input type="checkbox"/> Short-term Sick Leave (Requires doctor's note – contact HR) <input type="checkbox"/> Bereavement <input type="checkbox"/> Other (please specify):  _____	<b>Date</b>		<b>Total number of Days Used</b>
	From	To	

**Comments / Reason for Carryover:**

(If this is a request to carryover earned vacation days \*\*\* into the next calendar year, Department Head and Human Resources approval is required prior to the employee being advised that they can proceed with their vacation plans.)

**Employee Signature & Date**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Supervisor Signature & Date**

\_\_\_\_\_  
*Supervisor/Manager/Director Signature*

\_\_\_\_\_  
*Date*

**Human Resources Approval & Date**

\_\_\_\_\_  
*Human Resources Signature*  
(Only required for carryover)

\_\_\_\_\_  
*Date*

**Once signed, please immediately forward a copy to Human Resources.**

\*\*\*Note: Vacation time is not accumulative from year to year. All vacation must be taken between January 1 and December 31. Please refer to union Collective Agreements or Employee Policy Manual.