



Request for Leave Form

PLEASE PRINT

USWA

UTFA

Non-Union

Employee Name:		Department:		For the Year:
Type of Leave:	Start Date	End Date	Total Number of Days Requested	Number of Days Remaining
<input type="checkbox"/> Vacation				
<input type="checkbox"/> Personal Days				
<input type="checkbox"/> Work Reduction Hours				
<input type="checkbox"/> Sick*				
<input type="checkbox"/> Bereavement				
<input type="checkbox"/> Other (please specify):				

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

Date

Please forward to Human Resources.

* Short-Term Sick Leave may require medical note if leave is more than 4 days – contact HR.

** 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.