Please print or email Print Form

Leave Request / Report

For Unpaid leave of Absence over 10 days, please use the LOA Request Form

Name: Today's Date:

Position Title: School/Division:

I participate in the Modified Work Week Program (Y/N) Number of hours to be made up

☐ Request ☐ Report

Employee Group: ◯ CUPE ◯ CCFA ◯ BCGEU ◯ Exempt

Code	Dates of Leave:		Total Days/Hrs:
Select	From	To	
Select	From	To	
Select	From	To	
Select	From	To	
Select	From	To	
Select	From	To	
Select	From	To	

TYPES OF LEAVE CODES

B Bereavement Leave
C Compassionate Leave (BCGEU only)
CC Campus Closure (Usage only - Support Staff)
CUL Cultural Leave for Indigenous Employees
DV/IPV Domestic Violence Leave
F Family Illness
LTE Life Threatening Emergency (Support Staff Only)
JD Jury Duty (Copy of summons to HR)
LSV Long Service Vacation (Support Staff Only)
LW Leave Without Pay
OT Overtime (Support Staff Only)
S Sick Leave
UP Unpaid Vacation Continuing Faculty Only (Term faculty use LW)
V Vacation

Is this an amendment of a previously submitted request? ☐ Yes ☐ No

Additional Information:

Employee's Signature: Date:

Supervisor Signature: Date:

Note: Supervisor for LW requests: By signing above you are confirming that all but 5 days of vacation will be used prior to the leave per clause 22.07(a) of the CUPE collective agreement. If more than 5 vacation days remain at the time of the LW request, please contact your HR Consultant.

For School /Division Admin Office Use Only

☐ Updated in Colleague Date Initials

☐ Substitute/Replacement Required Name Initials

HR/Pay Initials/Date_____

HR Form upd May 2023