UNIVERSITY OF BRITISH COLUMBIA
DEPARTMENT OF MEDICAL GENETICS

REQUEST FOR LEAVE FORM

I.　　**To Be Completed By Employee:** *(Please Print)*

NAME: _____

Employee Category: M&P ☐　 TRA ☐　 CUPE 2950 ☐　 HSA ☐　 Other: _____

A.　I request leave for:
  1) ☐ Vacation/banked time　　　　5) ☐ Compassionate Leave
  2) ☐ Illness　　　　　　　　　　6) ☐ Maternity/Adoption Leave
  3) ☐ Education Leave　　　　　　7) ☐ Leave of absence without pay
  4) ☐ Time off in lieu　　　　　　8) ☐ Other _____

  I advised _____ in my department on _____

  that I was unable to work because ☐ I/ ☐ my child was ill.

  Time Requested:
  Number of working days _____ = _____ hours

  From _____ to _____ inclusive.

  or On _____

B.　I request leave for:
  9) Medical/Dental Appointment:　 Medical ☐　　 Dental ☐　　 Date: _____

  Time Requested: _____ ☐a.m./ ☐p.m.　to _____ ☐a.m./ ☐p.m.　Number of hours: _____

C.　I request approval to bank Flex: _____ Date

  Employee's Signature: _____ **Date:** _____

II.　　**To Be Completed By Supervisor:** Approved:　　　　Yes ☐　　　No ☐
　　　　　　Entered into Vacation Spreadsheet (MS Excel):　 Yes ☐　　　No ☐

  Comments:
  _____

  _____

  Signature: _____ Date: _____

III.　　**Department Office Use:**

  Recorded in Leave Management Records ☐　 By: _____ (initials)　Date: _____

  Memo to be sent to Human Resources and Payroll for pay adjustment. ☐　　cc: Employee ☐

A001
21/12/2012

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