**Leave Application Form**

Staff member’s name:       Staff Number:

|  |  |  |  |
| --- | --- | --- | --- |
|  | *inclusive* | |  |
|  | From | To | No. of working days |
| Annual leave\* |  |  |  |
| Sick Leave (certified) \*\* |  |  |  |
| Sick Leave (uncertified) \*\* |  |  |  |
| Compensatory Time Off\*\*\* |  |  |  |
| Other types of leave\* (please specify)  *(i.e. Family leave, ML, PL, Adoption leave, jury leave, HL, etc.)* |  |  |  |

My accrued leave balance as of end      is       days.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

Approval by immediate supervisor

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Name:**

**Org. Unit**

*Please note:*

*\* Requires supervisor's approval.*

*\*\*Supervisor’s approval not necessary, however s/m must inform supervisor and leave monitor when on sick leave. For “certified” sick leave, medical certification should be submitted to Leave Monitor upon return.*

*\*\*\*Related Overtime Request Form signed by supervisor should be attached.*