Policy Supporting Document:	O-5.9.1
Policy Holder:	Exec. Dir. Human Resources

UNPAID LEAVE OF ABSENCE REQUEST

Please complete all sections of the form and submit it to the appropriate individual for approval.

A) EMPLOYEE DATA

NAME _____ COLLEAGUE ID#_____

School / Department _____ Position: _____

Camosun Telephone Extension_____ Camosun E-Mail _____

FORWARD ADDR _____
street city prov postal code

Off-Campus Telephone _____ Off-Campus E-Mail _____

Employee Category (circle one): CCFA BCGEU CUPE EXEMPT

B) LEAVE SPECIFICS

By submitting this form, I am requesting a _____% unpaid leave from my position at Camosun College for a period of ____ weeks, or ____ months extending from _____ (first day of leave) until _____ (last day of leave).

I am requesting this leave for the following reasons: (please attach additional sheet(s) if required)

_____
_____
_____

C) LEAVE APPROVALS

Employee Signature_____ Date _____

Supervisor's Signature _____ Date _____

Dean / Director's Signature _____ Date _____

For CCFA members, this leave will result in a ____% decrease in annual Scheduled Development time

A copy of the leave approval form for faculty leaves must be sent to the VP responsible for their information once signed by the Dean or Director.

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Leaves deemed to be of value to the College and approved under Section 13.01 of the CCFA Collective Agreement require the additional signature of the Vice President responsible.

The employee will ❑ will not ❑ accrue increment time while on leave. (VP RESPONSIBLE TO COMPLETE)

Vice-President's Signature (where required) _____ Date _____