

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	COLL				
School / Department					
Camosun Telephone Extension	Camo	Camosun E-Mail			
FORWARD ADDRstreet		prov	postal code		
	·	Off-Campus E-Mail			
Employee Category (circle one): CCFA	BCGEU	CUPE	EXEMPT		
B) LEAVE SPECIFICS By submitting this form, I am requesting a period of weeks, or months ext (last day of leave). I am requesting this leave for the following	ending from	(first day	of leave) until		
C) LEAVE APPROVALS Employee Signature					
Employee SignatureSupervisor's Signature					
Dean / Director's Signature					
For CCFA members, this leave will result i	n a% decrease	in annual Sche	eduled Development	time	
A copy of the leave approval form for facul once signed by the Dean or Director.	ty leaves must be se	nt to the VP res	sponsible for their inf	ormation	
***	********	*****			
Leaves deemed to be of value to the Colle Agreement require the additional signature			01 of the CCFA Colle	ective	
The employee will □ will not □ accident COMPLETE)	rue increment time w	hile on leave. (VP RESPONSIBLE	ТО	
Vice-President's Signature (where required	d)		Date		