

**REQUEST FOR SHORT TERM LEAVE
SUPPORT STAFF**

Submit your completed request form to your principal. The principal will forward two copies to Bill Madden, Human Resources Services for approval. The original will be returned to the principal showing decision, and a copy kept in Human Resources.

Name _____ ID# _____

CUPE COMMUNITY EDUCATION MANAGERS NON UNION PSSP

Position _____ FTE /Hours _____

Location(s) _____
(If at more than one location, please list both)

TYPE OF LEAVE REQUESTED

- Personal: Maximum 5 days
- Medical Appointment (if recorded as SICK leave)
- Jury Duty
- Bereavement: Relationship _____
- Pallbearer
- Absent Without Pay
- Parental: Maximum 5 days (upon birth or adoption)
- Other: _____

CUPE ONLY - Graduation (secondary school or post secondary school)

PSSP and COMM. ED. ONLY - Severe Weather

EMPLOYEES ARE RESPONSIBLE FOR TRACKING THEIR OWN PERSONAL DAYS.

For your personal leave balance up to 3 weeks in arrears, check your SDS Self-Serve account under 'Compensation' on the HR Website at <http://hr.limestone.on.ca>.

DATE(S) REQUESTED:

_____ Full Day AM PM Other _____

_____ Full Day AM PM Other _____

Reason for Leave: _____

Principal/Supervisor's Comments _____

Date _____ Principal/Supervisor's Signature _____

APPROVAL SECTION - OFFICE USE

- Request Approved - meets criteria. Pay deduction will occur if over 5 day maximum.
- Request Approved with adjustment: _____ days with pay, _____ days without pay (code as LABSN in SDS)
- Request Not Approved

Date _____ HR Approving Signature _____

Keyed Initial _____