Date: _____

To: Vice President or Manager:
Name: _____ Dept: _____

Re: Request for Leave by a Student Affairs ☐Administrator or☐Staff

Dates of Leave:

From_____through_____totaling _____ days

During my absence, _____ will be in charge of my department, programs and/or duties.

This application is hereby made for a paid leave of absence in accordance with the applicable Management Personnel Plan or Collective Bargaining Agreement.

Name of Employee: _____

Type of Leave:

- ☐ Vacation
- ☐ Personal Holiday
- ☐ Sick Leave (check type below)
  - ☐ Injury (work-related)
  - ☐ Illness - immediate family
  - ☐ Bereavement
- ☐ Other

Employee's Signature: _____

☐ Approved
☐ Disapproved

_____
Signature of the VP or Manager Date

C: Requesting Employee
"acting" Director or Staff
VPSA file (for request by a Director, VPSA staff)
SA Leave Calendar (for request by a Director, Manager, VPSA staff)