

REQUEST FOR TIME OFF - UNIONIZED EMPLOYEES ONLY

PART A: PERSONAL INFORMATION			
Employee Number:		Status:	
Last Name:		Cost Centre	
First Name:		NPA:	
Manager Name:		Service Territory:	

PART B: REQUEST FOR TIME OFF			
From:	To:	Total # of Days:	Return to work date:

REASON FOR TIME OFF	
<p>PLEASE COMPLETE ALL PARTS OF THIS FORM.</p> <p><u>ALL REQUESTS FOR TIME OFF MUST BE ACCOMPANIED BY DOCUMENTATION AND PROOF OF ELIGIBILITY</u></p> <p>FOR THE TYPE OF TIME OFF REQUESTED.</p>	
<input type="checkbox"/> Personal/Family Leave	<input type="checkbox"/> Bereavement Leave
<input type="checkbox"/> Jury / Witness Duty (<i>copy of subpoena</i>)	<input type="checkbox"/> Leave of Absence Specify Reason:
<input type="checkbox"/> Parental and/or Pregnancy Leave (<i>medical certificate</i>)	<input type="checkbox"/> Request for Union Time
<input type="checkbox"/> Emergency Leave (as per Employment Standards). Specify Reason:	
<input type="checkbox"/> Other: Please specify _____	

PART C: TERMS OF AGREEMENT
<p>(1) The employee will commence his/her unpaid leave of absence and will return to his/her position as stated in Section C and as agreed by all parties. Failure to return to work on such date would constitute a voluntary resignation from his/her employment with the Company.</p> <p>(2) The employee will be required to pay all premiums on his/her benefits to ensure their continuance. Should the employee choose to forfeit his/her benefit coverage for the duration of his/her leave, he/she must instruct the Human Resources Department accordingly, and in writing within seven (7) days.</p> <p>(3) The employee is required to maintain contact with the Company, to supply the Human Resources Manager with forwarding address and telephone number if either is changed.</p> <p>(4) It is understood that you will be returning to employment with the company, but you must notify your Manager of your intention to return at least ten (10) working days prior to your return to work.</p>

PART D: AUTHORIZATION	
Employee Signature	Date
Manager Signature	Date
Regional Manager Approval	Date

Please forward a signed copy of the document to your manager. MANAGER PLEASE EMAIL TO ONTARIO TIME OFF