



APPLICATION FOR LEAVE OF ABSENCE WITHOUT PAY FOR OTHER THAN UNION REPRESENTATIVES

PART I – TO BE COMPLETED BY EMPLOYEE AND SUBMITTED TO IMMEDIATE SUPERVISOR		
I hereby apply for: <input type="checkbox"/> Leave of absence without pay <input type="checkbox"/> Extension of leave		
From:	To:	
Indicate reason <input type="checkbox"/> Maternity <input type="checkbox"/> Parental <input type="checkbox"/> Education <input type="checkbox"/> Compassionate Care <input type="checkbox"/> Other (specify below)		
Explanation		
PIN	Name	Title
Date	Department	Location
<i>I DECLARE THE INFORMATION GIVEN ABOVE TO BE TRUE.</i>		
Signature		
<p>Note 1: A four-week written notice shall be given when applying for a leave of absence without pay (not applicable in the case of a compassionate care leave).</p> <p>Note 2: When an employee applies for both maternity and parental leave, start and finish dates have to be specified for each leave.</p> <p>Note 3: When applicable, the responsibility rests with the employee to apply for continuance of benefits to which he/she is entitled.</p>		
PART II – TO BE COMPLETED BY AUTHORIZING OFFICER		
Note: Human Resources managers may provide guidance and counsel as required.		
<input type="checkbox"/> Leave approved <input type="checkbox"/> Leave approved as modified below <input type="checkbox"/> Not approved		
Comments:		
Name	PIN	
Title	Location	
Signature	Date	

Return the approved form to the Crew Management Centre (Running Trade employees) OR to the appropriate administrative support group.