



CUPE LOCAL 382

Application for Absence from Work

Please complete this form and attach to timesheet. Prior verbal approval from supervisor is required. Please note that approved absences are not intended to be taken in conjunction with any other absence provided within the current collective agreement. Further, it is not intended that this absence will supersede any previously approved and scheduled, paid or unpaid, absence. Exceptions may be considered by the Director of Human Resource Services.

Employee Name: _____ Employee No. _____
 (Please print)

Employee Signature: _____

Please check type of absence requested.

Type of Leave	Article	Dates Required	Time Required
<input type="checkbox"/> Long Service	21.06 ³ w[X&#		
<input type="checkbox"/> Jury Duty	24.04		
<input type="checkbox"/> Educational	24.05		
<input type="checkbox"/> Maternity	24.06		
<input type="checkbox"/> Paternity Leave	24.07 (i) & (ii)		
<input type="checkbox"/> Parental/Adoption Leave	24.07 (viii)		
<input type="checkbox"/> Family (emergency)*	24.07 (iii), (iv), (v), (vi) & (vii)		
<input type="checkbox"/> Medical/Dental Appointments	24.08		

*Reason for Application: _____
 (Specify relationship where applicable) _____

Department/School: _____ Date: _____

Supervisor Signature: _____

Agree Disagree

Please note the following points. They are critical to maintaining benefit coverage during periods of extended leave (excluding long service leave).

The Payroll Office must be contacted prior to the commencement of any