



How you want to be treated.

# Unpaid Leave of Absence Request Greater Than 20 Days

## Employee Request

Casual employees do not need to complete this form. To obtain a Record of Employment, please contact Payroll at 604-297-8683 or [payrollphc@hssbc.ca](mailto:payrollphc@hssbc.ca)

<b>LAST NAME, First Name (Please print)</b>	<b>Employee ID</b>	<b>Status</b>
		Full-Time Part-Time

<b>Union Affiliation:</b>	<b>Collective Agreement:</b>	<b>Department:</b>
BCGEU Excluded HSA	Community Excluded	<b>Site:</b>
BCNU HEU IUOE	Facilities Health	
Community	Nurses Sciences	

<b>Leave Requested:</b>	Maternity Leave	Compassionate Care Leave	Adoption Leave
	Parental Leave	Personal Leave	Unpaid Sick Leave
	Extension of Leave	Other (Please Specify):	

<b>First Day of Unpaid Leave:</b>	<b>Expected Last Day of Unpaid Leave:</b>
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<b>Comments:</b>

<b>Employee Signature</b>	<b>Date</b>

<b>Leader Authorization:</b>	<b>Approved</b>	<b>Denied</b>
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<b>Leader's LAST NAME, First Name (Please print)</b>	<b>Leader's Signature</b>	<b>Date</b>

<p><b>Leader:</b> Enter the Leave Request in HR Connect in order to notify Employee Records &amp; Benefits and Staffing.</p> <p><i>Leaders: retain a copy of this request for your records.</i></p>
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