



How you want to be treated.

SCHEDULING CHANGE REQUEST FORM

COMPLETE AND SUBMIT THIS FORM TO YOUR MANAGER / STAFF SCHEDULING

IMPORTANT – Special Leave requests must be submitted using a Special Leave Eligibility form

Notice of 7 Days Requested

Please print legibly on form

| Section 1. Employee | | | |
|--|--|---|-------------------------------|
| Employee Name: | | Employee #: | Date: (DD/MM/YYYY) |
| Site: | | Unit/Department: | |
| Collective Agreement: <input type="checkbox"/> NBA(BCNU) <input type="checkbox"/> FBA(HEU) <input type="checkbox"/> CBA(HEU) <input type="checkbox"/> HSPBA (HSA) | | Occupation: | |
| | | Status: <input type="checkbox"/> FT <input type="checkbox"/> PT | |
| <input type="checkbox"/> Vacation (hold back days) <input type="checkbox"/> Time Owing: | | | |
| Start Date: | End Date: | Return To Work Date: | Total # of Days: |
| Previous Request (If Changed): | | | Total # of Days: |
| Comments: | | | |
| Other Leave Requests (manager approval required) | | | |
| <input type="checkbox"/> LOA less than 20 days <input type="checkbox"/> MARRIAGE LEAVE <input type="checkbox"/> MEDICAL APPT. <input type="checkbox"/> EDUCATION <input type="checkbox"/> OTHER _____ | | | |
| Start Date: | End Date: | Return to Work Date: | |
| <input type="checkbox"/> Full <input type="checkbox"/> Partial | Partial Hours: Start: _____ End: _____ | | Total Number of Days / Hours: |

| Section 2. Manager Approval (if applicable) | | |
|--|-----------|-------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid | Comments: | |
| Manager Name: | Signature | Date: |

| Section 3. Staff Scheduling | |
|--|-----------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Comments: |
| Approved by: | Date: |