



## Leave Application Form

Staff member's name:

Index Number:

	<i>inclusive</i>		No. of working days
	From	To	
Annual leave*			
Sick Leave (certified) **			
Sick Leave (uncertified) **			
Compensatory Time Off***			
Other types of leave* (please specify) <i>(i.e. Family leave, ML, PL, Adoption leave, jury leave, HL, etc.)</i>			

My accrued leave balance as of end      is      days.

**Signature:** \_\_\_\_\_

**Date:**

### Approval by immediate supervisor

**Signature:** \_\_\_\_\_

**Date:**

**Name:**

**Org. Unit**

***Please note:***

*\* Requires supervisor's approval.*

*\*\*Supervisor's approval not necessary, however s/m must inform supervisor and leave monitor when on sick leave. For "certified" sick leave, medical certification should be submitted to Leave Monitor upon return.*

*\*\*\*Related Overtime Request Form signed by supervisor should be attached.*