

Application for Leave of Absence



You're at home here.

Saskatoon Co-operative Association Limited

All employees wishing to take a leave, paid or unpaid, should complete this form thoroughly and with exact detail. Failure to do so may affect the approval of any type of leave and/or the timeliness of the approval. All applications for leaves must be given to your department manager.

Name: _____ Department/Location: _____

LEAVE OF ABSENCE – DATES AND HOURS

Please provide your **exact** dates and number of hours you are scheduled to work and will be missing due to the applied leave of absence.

Leave Starts: _____ Date: _____

Leave Ends: _____ Date: _____

TOTAL **SCHEDULED** HOURS OF LEAVE: _____ Hours

LEAVE OF ABSENCE – EMPLOYEE STATEMENT

To select your suitable leave, please read Article 18 for UFCW or Article 14/16 for RWDSU in the Collective Agreement.

Please check off the applicable box:

Family Care Leave

Compassionate Leave

Life Experience (ie: Travel)

If applying for any leaves in this section, please provide a very detailed explanation below.

Maternity/Parental Leave

Documentation: Doctor's Note with due date/Birth Certificate

Military Leave

Documentation: Proof of Leave

Educational Leave

Documentation: Proof of Enrollment

If applying for any leaves in this section please provide the corresponding mandatory documentation.

Explanation:



Application for Leave of Absence



You're at home here.

LEAVE OF ABSENCE – EMPLOYEE DECLARATION

I hereby request the previously indicated Leave of Absence. I furthermore commit that the previously given information is accurate and all required documentation is provided.

Please check this box if your unpaid leave is longer than two weeks and you would like to continue with benefit coverage.

Employee Signature: _____ **Date:** _____

AUTHORIZATION

Department Manager:

Please ensure all required explanation and/or documentation is attached to this form before approving/disapproving.

Leave of Absence time off from work (not associated with compensation):

Approved Disapproved Signature: _____

Human Resources:

Approved Disapproved Signature: _____

Operation Manager (If applicable):

Approved Disapproved Signature: _____

Office Use Only: Date Received: _____ Seniority: _____

