

LEAVE MANAGEMENT FORM

Human Resources Department
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									www.quesnei.ca			
				EMPLO	OYEE							
Employee No: Last Na							First Name:					
Appt. Status: Reg. F/T		Reg. P/T	Seas. F/T		Seas. I	P/T	Casual	Temporary:				
Department:	Start Time:			Finish Time:		Total H	Total Hrs/Day:					
Type of Leav (Vacation, Conference, Sic	From MM/DD/YY	То мм/дд/үү			Work Date Work		Hours Absent	# of Days				
Training and conferences – You are required to complete the Training Request form and submit for approval												
BEREAVEMENT LEAVE												
Type of Leave: Illness D			Death Relationship to Employee:									
Travel Required? Yes I		No Location:										
			F	RCMP G	UARD							
Holiday Balance:	Leave Requested:				E	Balance:	ce:					
Sick Time Balanc	Leave Requested:				Balance:							
Bank Time Balan	Leave Requested:				Balance:							
Replacement Gua	ard:											
Notes:												
			EMPL	.OYEE S	IGNATU	RE						
Employee Signature:					Date:							

SUPERVISOR												
Approved Not Ap		Approved	l		With Pay		Without Pay					
Dr. Certificate Required?	Yes	No	Rec'd	WCB Absence:	Yes	No	Article No.					
Comments:												
Supervisor Signature:		Date:										

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