

EMPLOYEE						
Employee No:		Last Name:		First Name:		
Appt. Status:	Reg. F/T	Reg. P/T	Seas. F/T	Seas. P/T	Casual	Temporary:
Department:		Start Time:		Finish Time:		Total Hrs/Day:
Type of Leave <small>(Vacation, Conference, Sick, etc.)</small>	From <small>MM/DD/YY</small>	To <small>MM/DD/YY</small>	Return to Work Date <small>MM/DD/YY</small>	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	Death	Relationship to Employee:
Travel Required?	Yes	No	Location:

RCMP GUARD		
Holiday Balance:	Leave Requested:	Balance:
Sick Time Balance:	Leave Requested:	Balance:
Bank Time Balance:	Leave Requested:	Balance:
Replacement Guard:		
Notes:		

EMPLOYEE SIGNATURE	
Employee Signature:	Date:

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