

Supervisor Signature:

## **LEAVE MANAGEMENT FORM**

Human Resources Department
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												www.quesnel.		
				!	EMPL	OYEE								
Employee No:	nployee No: Last Name:							First Name:						
Appt. Status: Reg.	opt. Status: Reg. F/T Reg. P/T			Seas	Seas. P/T Casual			asual	Temporary:					
Department:			Start Time:				Finish Time:				Total Hrs/Day:			
Type of Leave (Vacation, Conference, Sick, etc.)		From MM/DD/YY		To MM/DD/YY		Return to Wo				Hours	Absent	# of Days		
Training and	confe	erences – You a						Request f	orm and	d subm	it for app	roval		
BEREAVEMENT LEAVE														
Type of Leave:	pe of Leave: Illness [					ship to Employee:								
Travel Required?	ravel Required? Yes No					lo Location:								
				R	СМР (	GUARD								
Holiday Balance:				ve Requ	ested:					Balance:				
Sick Time Balance:	k Time Balance:			Leave Requested:				Ва			lance:			
Bank Time Balance:			Lea	Leave Requested:				Balance:						
Replacement Guard:														
Notes:														
				EMPLO	OYEES	SIGNATUR	RE							
Employee Signature:		Date:												
				Ş	SUPER	VISOR								
Approved		Not App	rove	t					With Pay			Without Pay		
Dr. Certificate Required	d?	Yes N	lo	Rec'd	y wc	B Absence:		Yes	No	Ar	ticle No.			
Comments:					<u> </u>					<u> </u>				

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Date: