



**LEAVE REQUEST FORM
FOR PLANT DEPT.**

NAME: _____ School: _____
(please print)

Please check one of the following: _____ Date: _____

- Leave of Absence (without pay)*
 - Vacation
 - Compassionate Leave
 - Funeral (in accordance with Article 17.02 of Agreement between the Board and CUPE Local 4148 (Plant) dated September 1, 2004 to August 31, 2007)

| | MON. | TUES. | WED. | THURS. | FRI. |
|---------------|------|-------|------|--------|------|
| Starting Date | | | | | |
| Ending Date | | | | | |

TOTAL # OF DAY(S): _____

* Reason(s) for requested LEAVE OF ABSENCE : _____

Employee's Signature

.....
 THIS SECTION – FOR OFFICE USE ONLY

DATE RECEIVED : _____

APPROVED
 NOT APPROVED

REMARKS : _____

MANAGER OF PLANT SERVICES: _____
Signature

pc: Employee
 Human Resources
 Payroll
 Benefits