



**LEAVE REQUEST FORM
FOR PLANT DEPARTMENT**

NAME: _____ PRESENT LOCATION: _____
(please print)

SHIFT TIMES: _____

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

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THIS SECTION – FOR OFFICE USE ONLY

DATE RECEIVED : _____

APPROVED
 NOT APPROVED

REMARKS : _____

MANAGER OF PLANT SERVICES: _____

Signature

pc: Employee
Human Resources
Payroll
Benefits