



**LEAVE REQUEST FORM  
FOR PLANT DEPARTMENT**

NAME: \_\_\_\_\_ PRESENT LOCATION: \_\_\_\_\_  
*(please print)*

SHIFT TIMES: \_\_\_\_\_

Please check one of the following: Date: \_\_\_\_\_

<input checked="" type="checkbox"/> - Leave of Absence <i>(without pay)*</i> <input type="checkbox"/> - Vacation <input type="checkbox"/> - Compassionate Leave					
<input checked="" type="checkbox"/> - Funeral <i>(in accordance with Article 17.02 of Agreement between the Board and CUPE Local 4148 (Plant) dated September 1, 2004 to August 31, 2007)</i>					
	<b>MON.</b>	<b>TUES.</b>	<b>WED.</b>	<b>THURS.</b>	<b>FRI.</b>
<b>Starting Date</b>					
<b>Ending Date</b>					

**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