

**Leave Request Form**

*This form may be completed electronically.*

***Employee*** *- save completed form and forward (as attachment) to supervisor*

***Supervisor*** *- forward approved form (as attachment) to* [*Payroll*](mailto:payroll@royalroads.ca)

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| **PART 1 – Employee Data** | | | | | | |
| Employee Name: | | | Employee Ph # | | | Employee # |
| Supervisor’s Name: | | | Supervisor Ph # | | | Department: |
|  | | | | | | |
| **PART 2 – Leave Option Selection** | | | | | | |
| Type of Leave Requested | Sick  Vacation | Family Leave  Bereavement | | Leave without Pay  Other (Please Specify\*) | | |
| Start Date (mm/dd/yy): | | Start Time: | | | Total Number of Hours Taken  (*take into account flex hours/schedule*) | |
| End Date (mm/dd/yy): | | End Time: | | |

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| For detailed information on **Types of Leave at RRU, RRU’s Vacation Policy** and  **Maternity/Parental Leave** information, please view documents on the [Royal Roads website.](http://policies.royalroads.ca/policies)  CUPE and RRUFA employees please refer to your Collective Agreement. |

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| **PART 3 – Employee Certification** | | |
| * Upon termination of employment, I agree to repay through payroll deductions (or other means) the value of any unearned vacation and/or unearned other leave taken. * I authorize Payroll to deduct any vacation or other negative leave benefits owing from my final pay * I understand, as per Canada Revenue Agency regulations, repayment amounts will be equal to the gross benefit amounts paid to me. | | |
| Employee Signature – *I confirm I have read and am bound by the terms of these leaves & allowances* | | Date |
|  | | |
| **PART 4 – Supervisor Section** | | |
| Approved   Denied Reason if Denied: | | |
| Supervisor Signature: | | Date |
|  | | |
| **PART 5 – Payroll – if pay action is required** | | |
| Required Payroll Action Taken: | Payroll Comments: | |
| Payroll Signature: | | |