

**Vacation Leave Request Form – Multiple Leaves only**

*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** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Start Date (mm/dd/yy) | End Date (mm/dd/yy) | Start Time | End Time | Total Number of Hours Taken (*take into account flex hours*) | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |

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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: | |