

**SPECIAL LEAVE FORM**

Type A or Type B employees will be granted leave of absence with pay for up to a total of seven (7) work days per calendar year for any one or a combination of the reasons listed below. The employee will be asked to provide supporting documentation to the employer which supports their request for Special Leave.

Employees are required to complete this form and submit to their supervisor for approval of Adoption, Paternity, or Specialist Medical Appointment in advance. Emergency absences should be reported by the end of the month in which the absence occurred.

**EMPLOYEE NAME:** \_\_\_\_\_

**EMPLOYEE ID:** \_\_\_\_\_

MONTH:			YEAR:		
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

**SPECIAL LEAVE** (*eligibility for special leave - Permanent ongoing employee*)

DESCRIPTION	CODE ( <i>indicate code in calendar above</i> )
Adoption	AD
Bereavement	BL
Family Emergency	FE
Family Illness	FI
Household Emergency	HM
Paternity	PR
Specialist Medical Appointment	SA

**Please provide information indicating the request for Special Leave meets the criteria in Article 25.7 in the Collective Agreement.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**EMPLOYEE signature**

\_\_\_\_\_  
**DATE**

**NOTE TO SUPERVISOR:** Please confirm the Special Leave request meets the criteria for eligibility, such as sudden and serious or incapacitating illness or injury to a member of an employee's immediate family.

\_\_\_\_\_  
**SUPERVISOR NAME AND SIGNATURE**

\_\_\_\_\_  
**DATE**