Northern COLLEGE

EMPLOYEE REQUEST FOR TIME OFF

EMPLOYEE NAME: ..... CAMPUS: .....

TYPE OF TIME OFF REQUESTED: .....

NO. OF DAYS: ..... FROM: ..... TO: .....

EMPLOYEE'S SIGNATURE: ..... DATE: .....

SUPERVISOR'S SIGNATURE: ..... DATE: .....

APPROVED: ..... NOT APPROVED: (see remarks) .....

REMARKS: (see below)

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TYPICAL OCCURENCES REQUIRING PRIOR APPROVAL - INDICATE IN REMARKS COLUMN

100% cost recoverable

50% cost recoverable

1. E. E. R. C.
2. Classifications Sub-committee
3. Union Negotiation Committee
4. Local Business
5. Support Classification Committee
6. Exclusions
7. Vacation
8. Overtime - Accumulated
9. Leave without pay
10. Other

NOTE: All time off, with the exception of sick leave, requires the prior approval of the supervisor. This form must be completed by the employee requiring time off and submitted to the supervisor no later than 10 working days prior to the period of time off required. The supervisor must include this form with any request for staff replacement. In any event, the Collective Agreement will apply.

c.c. Supervisor (WHITE), Dept. Attendance Recorder (CANARY), Employee Reply (PINK), Originator (GOLDENROD)