Employee's Name: ___________________________ Dept: ___________________________

I am requesting the following leave for the month of ___________________________

**Article 23**

☐ Personal Illness/Injury (S) ___________________________
   (Physician's Certificate may be required)

☐ Dependent Illness/Injury (D) ___________________________
   (Eligibility for dependent sick leave subject to January 1st Sick Benefits balance being greater than 12 days. Please refer to Article 23.01(b))

☐ Work Related Illness/Injury (W) ___________________________
   (W.C.B. form required immediately)

☐ ICBC Related Injury (I) ___________________________
   (Physician's Certificate may be required)

**Article 24**

☐ Emergency Leave (E) ___________________________
   explain - ___________________________

☐ Compassionate Leave (C) ___________________________
   explain - ___________________________

☐ Personal Leave without pay (P) ___________________________
   explain - ___________________________
   (Position Status Change Request form required if leave more than two weeks)

☐ Court Appearances (Jury/Witness Duty) (J) ___________________________

_________________________ ___________________________
Employee's Signature Date

**TO BE COMPLETED BY DEPARTMENT:**

(Please consult with Human Resources if clarification of entitlement is needed).

Recommend Approval ______ Yes ______ No (attach explanation)

_________________________ ___________________________
Dept. Head or Delegated Authority Date

DEPARTMENT TO RETAIN FORM