



UNIVERSITY OF VICTORIA
Employee Request for Leave
CUPE 917 or 951

(For information about the entitlement to leave, please consult the applicable Collective Agreement, Human Resources or a Union Representative).

Employee's Name _____ Dept. _____

I am requesting the following leave for the month of _____

Article 23

Dates

- 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