



# MISCELLANEOUS LEAVE APPLICATION FORM

## Unit E

**PLEASE PRINT**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>EMPLOYEE NO.:</b>
<b>POSITION:</b>	<b>LOCATION:</b>	<b>DATE(S) OF ABSENCE:</b>		<b>FULL or HALF DAY:</b>

### MISCELLANEOUS LEAVE DAYS (UP TO 5) WITH DEDUCTION

<p>A father attending the birth of the father's child.</p> <p>* Attending an adult drama or music festival in which the Employee is a participant. <b>(Attach documentation)</b></p> <p>* Attending as President or Senior Executive Officer at an approved convention, meeting or other function of a lodge, service club, Church Council, alumni association or recognized community organization. <b>(Attach documentation)</b></p> <p>* Attending the Employee's own graduation. <b>(Attach documentation)</b></p> <p>Attending the funeral of a close relative or close friend.</p> <p>* Moving to a new place of residence (limited to once per year).</p>	<p>* Attending the graduation of a husband, wife, son or daughter, parent or grandchild from a recognized post secondary institution. <b>(Attach documentation)</b></p> <p>* Attending trustee or other relevant conventions when the Employee is a trustee in another municipality or is a member of a municipal council. <b>(Attach documentation)</b></p> <p>Caring for a member of the Employee's immediate family in case of serious illness when the Employee has been unable to obtain other proper care for such member. <b>(Indicate reason for request under "Special Circumstances" below)</b></p> <p>* Writing university or similar examinations. <b>(Attach documentation)</b></p>	<p>* Observing religious Holy Day(s) Name of religious holy day requested and/or attach documentation. _____</p> <p>* Participating in tournaments or athletic track and field meets related to Olympic Games, or finals of national competitions approved by the Board. <b>(Attach documentation)</b></p> <p>* When adoption leave is not taken and circumstances require the Employee to be present during the adoption procedure. <b>(Attach documentation)</b></p> <p>* Under special circumstances for reasons approved by the Director. <b>(Provide comments under "Special Circumstances" below)</b></p>
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### LEAVE DAYS WITHOUT DEDUCTION

<p>Bereavement leave (death of parents, parents-in-law, spouse, children, brothers, sisters, grandparent or grandchild) (limited to 3 days). Specify Relationship: _____</p> <p>Travelling time and/or special circumstances related to bereavement leave. <b>Indicate reason for request under "Special Circumstances"</b>.</p>	<p>* Jury duty or duty as a witness in any court to which he/she has been summoned in any proceedings to which he/she is not a party or one of the persons charged. <b>(Attach documentation)</b></p>	<p>Quarantine or other order of the medical health authorities. <b>(Attach documentation)</b></p>
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**SPECIAL CIRCUMSTANCES COMMENT:**

**EMPLOYEE'S SIGNATURE:**

**DATE:**

#### FACILITY SERVICES – TEAM LEADER:

\_\_\_\_\_

Team Leader Name (please print) Team Leader Signature Date

#### EMPLOYEE SERVICES – UNIT E:

LEAVE APPROVED - COMMENTS: \_\_\_\_\_

LEAVE NOT APPROVED - COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Name (please print) Signature Date

#### ACTION/NOTES:

\* Requests are to be submitted 10 days in advance of the date(s) of absence.

Completed application form is forwarded to Employee Services - Unit E (FAX: 393-8878) for consideration for approval.

Once approved, Employee Services will return copy to Facility Services for forwarding to the Employee.

- This application is not to be used to apply for leaves of absence without pay.
- Permanent employees are eligible for Miscellaneous Leave only.