

**Leave Request Form**

*This form may be completed electronically.*

***Employee*** *- save completed form and forward (as attachment) to supervisor*

***Supervisor*** *- forward approved form (as attachment) to* *Payroll*

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| **PART 1 – Employee Data** |
| Employee Name:       | Employee Ph #       | Employee #       |
| Supervisor’s Name:       | Supervisor Ph #       | Department:       |
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| **PART 2 – Leave Option Selection**  |
| Type of Leave Requested | [ ]  Sick[ ]  Vacation | [ ]  Family Leave[ ]  Bereavement | [ ]  Leave without Pay[ ]  Other (Please Specify\*)       |
| Start Date (mm/dd/yy):       | Start Time:       | Total Number of Hours Taken(*take into account flex hours/schedule*)      |
| End Date (mm/dd/yy):       | End Time:       |

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| For detailed information on **Types of Leave at RRU, RRU’s Vacation Policy** and **Maternity/Parental Leave** information, please view documents on the [Royal Roads website.](http://policies.royalroads.ca/policies) CUPE and RRUFA employees please refer to your Collective Agreement.  |

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| **PART 3 – Employee Certification** |
| * Upon termination of employment, I agree to repay through payroll deductions (or other means) the value of any unearned vacation and/or unearned other leave taken.
* I authorize Payroll to deduct any vacation or other negative leave benefits owing from my final pay
* I understand, as per Canada Revenue Agency regulations, repayment amounts will be equal to the gross benefit amounts paid to me.
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| Employee Signature – *I confirm I have read and am bound by the terms of these leaves & allowances*      | Date       |
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| **PART 4 – Supervisor Section** |
| [ ]  Approved  [ ]  Denied Reason if Denied:       |
| Supervisor Signature:      | Date      |
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| **PART 5 – Payroll – if pay action is required** |
| Required Payroll Action Taken:       | Payroll Comments:       |
| Payroll Signature:      |