| Position: HELPDES | K TECHNICIAN | Work Location: SD92 - TECH OFFICE |
|---|---|--|
| Employee NameR | AGIE ANN BARRAMEDA | Emp. #: 974 |
| Date of Leave: | 2th NOVEMBER 2018 | |
| Time of Leave | | |
| Reason for Leave: MAR | K APPROPRIATE AREA WITH X (atta | ach any pertinent document pertaining to leave) |
| General – 15.01 | | Personal Leave - employee discretion |
| Jury Duty – 15.02 | | Parental Leave – 15.10 |
| Weather Conditions – 15.03 | | Adoption Leave – 15.11 |
| Compassion Leave – 15.04 | | Extended Leave – 15.12 |
| Cultural Leave – 15.05 | | Annual Vacation - Article 14 |
| Representative of | f Union – 15.06 | WCB – Director of Operations is to be notified |
| Examinations – 1 | 5.07 | |
| Sick Leave – 15.08 (a) | | Please attach all leave documents: meeting, training, workshop and PRO-D. |
| Medical Leave – | 5.08 (c), (d) attach supporting document | 3, |
| Maternity Leave | - 15.09 | |
| | | se do not book travel/appointment until you eive your leave back approved. |
| | , | ive your leave back approved. |
| | | |
| EXPLANATION: | ication must be submitted at least ONE | week prior to date general leave required |
| Аррі | ication must be sublinitied at least ONL | 1 1 - |
| Employee Simpoture | | Date: |
| Employee Signature | | |
| HR's Report / Recommend | | |
| Received and rec | ommend approval with pay – commer | nts: |
| | | |
| ☐ Received and rec | ommend approval without pay – comr | ments: |
| Received and rec | ommend leave be denied – comment | s: |
| Other recommendation/co | mments: | |
| | | |
| | | Date: |
| HR - Signature | | |
| Any attached pertinent docum Original of the application to b | pted by the Board. ered unless submitted on this form. ents will be photocopied and returned to ap e submitted to the Board office, by receiving val of any leave except emergency cases. | plicant. Date:By: |