



# WATERLOO | HUMAN RESOURCES

## Request for Leave of Absence

### Employee Information

First Name:		Employee ID:		Supervisory Org: <i>Name:</i>
Last Name:		Location: <i>(building)</i>		

### Type of Leave of Absence Requested (please check applicable leave and complete necessary details)

Unpaid - less than 4 months

Study leave - paid

Other

*(Please specify the type of leave in the box below)*

Unpaid - 4-12 months

Study leave - unpaid

### Additional details, if applicable:

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### Leave of Absence Dates

Leave Begin Date:	Last Day Worked:	Expected Return to Work Date:
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### Requestor:

*Please sign and forward a copy of this form to your direct manager. Once all approvals are obtained, please forward to Human Resources.*

Signature:

Date:

*My signature indicates my request for a leave of absence. My signature also indicates that I understand that to maintain benefits coverage for the duration of my leave I may be required to make contributions. I also understand that I have the option of contributing to my pension plan while on leave.*

### Approvals *Note: Please ensure appropriate signatures are obtained as outlined in the applicable Policy.*

Manager		
Print Name:	Signature:	Date:
Department Head		
Print Name:	Signature:	Date:
Senior Administrative Officer <i>(required if Unpaid Leave of Absence is longer than 4 months)</i>		
Print Name:	Signature:	Date:
Vice-President, Academic & Provost <i>(required for Paid Study Leave of Absence)</i>		
Print Name:	Signature:	Date: