



WATERLOO | HUMAN RESOURCES

Leave of Absence Request

Employee Information

Last Name:

Supervisory Org Name:

First Name:

Supervisory Org Number:

Employee ID:

Location:

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

Unpaid, please indicate duration:

Less than 4 months

4 to 12 months

Paid Study Leave, please indicate salary:

Full Salary

Partial Salary _____%

Self-Funded (Deferred Salary)

% of Salary to Defer: _____%

From: _____
(mm/dd/yyyy)

To: _____
(mm/dd/yyyy)

Must be 1st of the month

Must be last day of the month

Additional details, if applicable:

Leave of Absence Dates

Leave Begin Date: <small>(mm/dd/yyyy)</small>	Last Day Worked: <small>(mm/dd/yyyy)</small>
Expected Return to Work Date:	

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:

(mm/dd/yyyy)

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