UNIVERSITY OF WATERLOO

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 _____ %

Additional details, if applicable:

Leave of Absence Dates

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