



NORTH
SHORE
DISABILITY
RESOURCE
CENTRE

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576.1A EMPLOYEE LEAVE OF ABSENCE REQUEST FORM

Employee's Name _____ Program _____

Employee's Signature _____ Today's Date _____

Planned Leave - The employee must complete this request form and submit to the Director/Program Manager at least one week prior to the start date of the leave of absence. A copy will be returned to the employee advising if the request has been approved or denied.

Type of Leave You Are Requesting Annual Vacation Lieu Day Special Leave
Other : Specify: _____

Date(s) Requested From: _____ To: _____

First Day Back to Work: _____

Total **Hours** Taken: _____ Total **Days** Taken _____

For Director/Program Manager Use Only:

Date Received _____ Date Employee Advised _____

Approved With Pay Approved Without Pay Denied Reason: _____

Pay Periods Affected _____

Comments:

Director/Program Manager Name

Director/Program Manager Signature

Date

Original to employee re LOA approved or denied
xc: Personnel File