

LEAVE OF ABSENCE WITHOUT PAY REQUEST FORM (PROFESSIONAL SERVICES)

Human Resources

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Note: For academic, please use the online application system (Carleton Central). For questions, please contact your Dean's/University Librarian office directly.

APPLICANT INFORMATION:							
Name:		Employee	ID:		Department:		
ANTICIPATED LEAVE DATES:							
Start Dat	e:	End Date:					
Reason	For Leave Request:						
REQUESTED BY:							
			Cianatura	l		Deter	l
Applicani	t (print name):	L	Signature:			Date:	
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APPROV			0'1	T		Data	
Departmen	t head (print name):		Signature:			Date:	

Please submit to the Associate Vice-President, Human Resources for approval and processing humanresources@carleton.ca

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Director, Transformation and Technology (Human Resources). Carleton University is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law.