



**LEGISLATED LEAVE OF ABSENCE WITHOUT PAY
REQUEST FORM
(AS PER EMPLOYMENT STANDARDS ACT OF ONTARIO)**

Human Resources
507 Robertson Hall
1125 Colonel By Drive
Ottawa ON Canada K1S 5B6
613-520-3634
Fax: 613-520-4464
humanresources@carleton.ca
www.carleton.ca/hr

APPLICANT INFORMATION:			FOR SHARED FTE'S
NAME:	EMPLOYEE ID:	DEPARTMENT 1:	FTE:
		DEPARTMENT 2:	FTE:
		DEPARTMENT 3:	FTE:

Medical certificate attached

ANTICIPATED LEAVE DATES:	
START DATE:	End date:

Please note: Final confirmation will be issued directly by Human Resources before the start of leave.

REQUESTED BY:

_____ (signature) _____ (date)
Applicant (print name)

ACKNOWLEDGED BY:

_____ (signature) _____ (date)
Department (1) head (print name)

_____ (signature) _____ (date)
Department (2) head (print name)

_____ (signature) _____ (date)
Department (3) head (print name)

Please submit to Human Resources (humanresources@carleton.ca) for processing

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.