

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 Date:		End Date:	
Reason For Leave Request:			

REQUESTED BY:			
Applicant (print name):		Signature:	
Date:			

APPROVED BY:			
Manager 1 (print name):		Signature:	
Manager 2 (print name):		Signature:	

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Please submit to the Associate Vice-President (Human Resources) and Chief People Officer, Human Resources for approval and processing.

humanresources@carleton.ca

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