

## LEGISLATED LEAVE OF ABSENCE WITHOUT PAY REQUEST FORM

## (AS PER EMPLOYMENT STANDARDS ACT OF ONTARIO)

Human Resources 507 Pigiarvik 1125 Colonel By Drive Ottawa, ON K1S 5B6 Canada Tel: (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 2.		ETE .
		DEPARTMENT 3:		FTE:
Medical certificate	e attached			
Commanding Office				
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ANTICIPATED LEAVE DATES:				
START DATE:		End date:		
Reason For Leave Request:				
Please note: Final confirmati	ion will be issued directly by Hui	man Resources before	e the start of leave.	
	, ,			
REQUESTED BY:				
Applicant (print name		me)	(signature)	(date)
APPROVED BY:	Department (1) head (pr	rint name)	(signature	(date)
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	Department (2) head (pr	rint name)	(signature)	(date)
	. , , , , ,	·	, , ,	. ,
	Department (3) head (pr	int name)	(signature)	(date)
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The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of In formation 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.

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