

## 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 3:		FTE:
☐ Medical certificate ☐ Commanding Office				
	Aı	NTICIPATED LEAVE D	ATES:	
START DATE:		End date	<b>:</b> :	
Reason For Leave Request:				
Please note: Final confirmatio	n will be issued directly by Hu	man Resources befor	re the start of leave.	
REQUESTED BY:				
	Applicant (print na	me)	(signature)	(date)
APPROVED BY:	Department (1) head (pr	rint name)	(signature	(date)
	Department (2) head (pr	rint name)	(signature)	(date)
_	Department (3) head (pr	rint name)	(signature)	(date)
Please subn	nit to Human Resour	ces (humanres	sources@carleton.ca	) for processing

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