

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

APPLICABLE FORMS TO ATTACH:
<input type="checkbox"/> Medical certificate with due date <input type="checkbox"/> Registration of birth (second parent) <input type="checkbox"/> Certificate of adoption

ANTICIPATED LEAVE DATES:
Start date: _____ End date: _____

Please note: For maternity and parental leave, the signatures below represent acknowledgment and not approval. Final confirmation will be issued directly by Human Resources before the start of leave.

REQUESTED BY: _____

APPROVED BY: _____
 Department head (print name) (signature) (date)

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

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

Please, submit the completed and signed form to Human Resources for processing (humanresources@carleton.ca)

Academics **must** submit a copy of the completed form to the Executive Assistant / Admin. Officer / Faculty Coordinator in your Faculty Dean's Office.

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.