

# SUPPORT STAFF ABSENCE REPORT

## DEPARTMENT OF CHEMISTRY

Name: \_\_\_\_\_

Person ID: \_\_\_\_\_

**Use Below for Absence Reporting** (Select type of leave and then enter dates and hours of absence in table):

**Vacation:**

800 Vacation Leave (Prior Approval Required; See Reverse)

**Illness:**

855 Casual Illness (3 days or less)

865 General Illness (More than 3 days; Requires Medical Note)

**Other Leave:**

855 Medical / Dental Appointment

**Special Leave:**

820 Birth / Adoption

822 Bereavement

825 Citizenship

827 Change of Domicile (Address Change form)

830 Compassionate Leave

832 Family Illness

835 Special Emergency

837 Subpoena / Jury Duty

Period of Absence: (Fill in date and hours columns)					For Office Use:
Year	Month	Day	Hours	Leave Code	
					Date Received:
					Date Logged:

**Use Below for Modified Work Agreements** (Need Signed Agreement):

<p><i>Use these fields to track <b>Extra Time earned</b>:</i></p> <p>Balance forward _____</p> <p><b>Plus</b> Extra Time <i>earned</i> _____</p> <p>Total Time <i>earned</i> _____</p>	<p><i>Use these fields to track <b>Extra Time taken</b>:</i></p> <p>Total Time earned _____</p> <p><b>Less</b> Extra Time <i>taken</i> _____</p> <p><b>Time Forwarded to Next Period</b> _____</p>
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The personal information on this form is collected for the purpose of managing personnel leave and vacation entitlement (Section 14 (4)(a) of the Employment Standards Code).

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

**SUPPORT STAFF VACATION LEAVE REPORT**  
**DEPARTMENT OF CHEMISTRY**

**Future Vacation Date(s) Requested\*:**

_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____

*\* Must be arranged with supervisor, in advance.*

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Supervisor's Signature**