

## APPLICATION FOR PERSONAL LEAVE

**EMPLOYEE NAME:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**EMPLOYEE #:** \_\_\_\_\_ **UNION STATUS:** \_\_\_\_\_

**Are you a current Regular Work Force employee? Yes / No**

**If a current Regular Work Force employee, what terminal? \_\_\_\_\_.**

**Have you been approved for Weekly Indemnity? Yes / No**

**Have you been approved for an unpaid Medical Leave? Yes / No**

### **PERSONAL LEAVE**

Employees may take up to five (5) days of Personal Leave, three (3) days of which will be paid if the employee has completed at least three consecutive months of continuous employment, the remaining two (2) days are unpaid.

### **ELIGIBILITY CRITERIA**

- Minimum length of service for paid leave only: 3 consecutive months of continuous employment
- Must be a member of the Regular Work Force or approved for unpaid Medical Leave

### **SITUATIONS COVERED**

- Personal illness or injury (this leave is in addition to Medical Leave)
- Responsibilities regarding health or care of a family member
- Responsibilities regarding education of a family member who is less than 18 years of age
- Urgent matters concerning employee or family member
- Attending citizenship ceremony
- any other reason prescribed by regulation

### **ADDITIONAL INFORMATION:**

- May be taken in one or more periods
- Periods must be at least one (1) day

### **Information Required in Support of Application:**

- A written statement from the worker explaining the reason for the request. (Please note that in the event management has uncertainty regarding the reason for the leave, the employee may be required to attend a meeting or respond to further inquiries to explain the basis for the leave).
- Documentation supporting reason for leave (ATTACHED)

(If unable to provide, must be provided within 15 days of employee's return to work if reasonably practicable for employee to obtain and provide documentation).

**Requested Period of Leave:**

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD/MM/YYYY

To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD/MM/YYYY

Number of Days: \_\_\_\_\_

**Reason for the Leave:**

---

---

---

---



*I certify that I have read and understood the terms outlined in this document.*

**SIGNATURE OF APPLICANT**

---

**DATE**

---

---

---

**ASSOCIATION DECISION**

**APPROVED**

**REJECTED**

**SIGNATURE ON BEHALF OF ASSOCIATION**

**WEBC SIGNATURE**

---

---

**DATE**

---

