



CUPE 290 LEAVE / ABSENCE FORM

Enter absence into leave management and send form to Maintenance Coordinator

Employee Name: _____

I am requesting the following leave:

Dates of absence:

From _____ To _____

Clause # from Collective Agreement _____

_____ Vacation # of days _____

_____ Sick/Medical Leave # of days _____

_____ Leave Without Pay # of days _____

_____ Other # of days _____

Relief required for _____ # of days

From _____ To _____

Additional Information:

Employee Signature _____ Date _____

Maintenance Coordinator Signature _____ Date _____
