

UNPAID LEAVE OF ABSENCE REQUEST FORM

SHORT (Less than one month)

I, _____ request an unpaid leave of absence from my position of _____ at the University of the Fraser Valley.

The following are the details of this leave:

DURATION: (PLEASE PROVIDE EXACT DATES)

FROM: _____ TO: _____

REASON(S) FOR LEAVE:

NOTE: Your application for a short unpaid leave of absence will only be considered if you have exhausted all of your accrued vacation and/or banked overtime days first.

NOTE: Your extended health, dental and other UFV benefits will not be impacted by an unpaid leave of less than one month. If you are a member of the Municipal or College Pension Plan, contributions will not be made and you will not accrue pensionable service for the leave period.

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

DEAN'S/VP'S SIGNATURE: _____

HUMAN RESOURCES USE ONLY

AUTHORIZED SIGNATURE: _____ DATE: _____

LETTER SENT TO EMPLOYEE: (copies to supervisor, appropriate administrator, and administrative areas)

INITIALS: _____ DATE: _____