



APPLICATION FOR PAID LEAVE

(All paid leave is prorated based on hours worked for staff who do not work full time hours if applicable)

(NAME) (OFFICE) For ____ Hrs Leave

From _____ to _____ (both dates inclusive)

A. ANNUAL LEAVE (AL)

Currently available _____ Hours
Number of hours now applied for _____ Hours
TOTAL LEAVE REMAINING _____ Hours

B. SICK LEAVE (SL)

Currently available _____ Hours
Number of hours now applied for _____ Hours
TOTAL LEAVE REMAINING _____ Hours

A medical certificate is required in all cases of absence through illness for:

- (a) Three (3) or more consecutive days.
(b) Any period in excess of six (6) days in the fiscal year

MEDICAL CERTIFICATE ATTACHED: YES [] NO []

C. FAMILY RESPONSIBILITY LEAVE (FRL) An employee may use their sick leave to accompany a member of their immediate family to a medical or dental appointment. An employee is eligible for a maximum of five (5) days (35 hours maximum)

Currently available _____ Hours
Number of hours now applied for _____ Hours
TOTAL LEAVE REMAINING _____ Hours

D. HUNTING, FISHING & GATHERING (HFG)

Currently available _____ Hours
Number of hours now applied for _____ Hours
TOTAL LEAVE REMAINING _____ Hours

E. OTHER LEAVE

[] Additional Hours/Overtime [] Optional Religious Holiday
[] Bereavement Leave [] Other (Please Specify)

REASON: _____

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE