



# APPLICATION FOR SPECIAL/ COMPASSIONATE LEAVE FORM



**In order to make a claim for Special/Compassionate Leave**, all employees must complete an Application for Special/Compassionate Leave Form and submit it to your Manager. Approval must be received prior to taking the leave except for emergency situations as defined by the collective agreement. This Form is confidential and will remain on the personnel file.

## PART A

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

Job Title: \_\_\_\_\_

Employee Number: \_\_\_\_\_  Full-time  Part-time

Department: \_\_\_\_\_ Manager: \_\_\_\_\_

## PART B

I request Special/Compassionate Leave on the following dates:

\_\_\_\_\_

Total hours: \_\_\_\_\_

Article name/number applying under: \_\_\_\_\_

Please provide information indicating how the request for special/compassionate leave meets the criteria in the HSA, BCNU or HEU Collective Agreement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This section is to be completed by the Manager, in consultation with Human Resources.*

## PART C

Special/Compassionate Leave Approved?

Yes      Number of hours absent from Work: \_\_\_\_\_

No      Reason: \_\_\_\_\_

\_\_\_\_\_

Comments/Follow-up: \_\_\_\_\_

\_\_\_\_\_

Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Notified Staffing: \_\_\_\_\_ (date) cc HR