

Personal Unpaid Leave of Absence Approval

Employee #

This form must be **completely filled in** for an unpaid Leave of Absence of **any** duration.

Name _____ Email _____

Phone Nbr(s) _____

Location(s) _____

Supervisor(s) _____

Status _____ Last Day At Work _____

Paid Vacation From _____ To _____ Inclusive.

First Day Back To Work _____

Reason for Unpaid Absence

Prior to Approval, all employees must read and complete the following:

I have read the attached information and understand all the conditions associated with my unpaid leave of absence.

Signature _____ Date _____

If you are Permanent Full Time and on CLS company benefits, complete the following:

I agree to prepay all benefits in the amount of \$ _____ (this amount was confirmed by Employee Services and Finance) prior to my leave of absence and I have made arrangements with Finance for the prepayment. To facilitate this, I agree to submit all my signed timesheets to Finance 2 weeks in advance of my last day worked.

Signature _____ Date _____



Form must be completed fully and signed by employee prior to any signed approval.

Approved by: _____

Coordinator(s)

Regional Coordinator
Director of Employee Services
Executive Director

Attachments: Information on Unpaid Leave of Absence, and
Personal Unpaid Leave of Absence - **Employee Handbook, Section 3 Part 6.**