



<b>Policy Supporting Document:</b>	<b>O-5.9.1</b>
<b>Policy Holder:</b>	<b>Exec. Dir. Human Resources</b>

Please complete all sections of the form and submit it to the appropriate individual for approval.

**A) EMPLOYEE DATA**

NAME \_\_\_\_\_ COLLEAGUE ID# \_\_\_\_\_

School / Department \_\_\_\_\_ Position: \_\_\_\_\_

Camosun Telephone Extension \_\_\_\_\_ Camosun E-Mail \_\_\_\_\_

FORWARD ADDR \_\_\_\_\_  
street city prov postal code

Off-Campus Telephone \_\_\_\_\_ Off-Campus E-Mail \_\_\_\_\_

Employee Category (circle one): CCFA BCGEU CUPE EXEMPT

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**B) LEAVE SPECIFICS**

By submitting this form, I am requesting a \_\_\_\_\_% unpaid leave from my position at Camosun College for a period of \_\_\_\_\_ weeks, or \_\_\_\_\_ months extending from \_\_\_\_\_ (first day of leave) until \_\_\_\_\_