



**CONFIRMATION OF EMPLOYEE STATUS AND LEAVE
APPROVAL FORM**

EMPLOYEE, PLEASE COMPLETE:

Name of employee: _____

Position: _____ Dept. _____

Classification: _____ Status: Full-time Part-time Regular

Leave requested for the following dates: _____

*If no leave required, put N/A: _____

Total number of days leave requested _____

NOTE: If you receive money from this Fund, and you received Employment Insurance (EI) as a result of your layoff, EI may attempt to recover the monies they paid to you. Please contact your local EI office for further details.

IF YOU ARE STILL WORKING IN THE HEALTH SECTOR, HAVE YOUR EMPLOYER FILL OUT THE FORM BELOW:

EMPLOYER, PLEASE COMPLETE (even if leave not required):

Is employee covered by the 2006-2010 Health Services & Support Community Subsector Collective Agreement? Yes No

Employee status: _____

Number of hours per week: _____

Is this employee currently on any other leave? Yes No

If yes, please explain _____

Employer Name (please print)

Title

Signature

Date

Worksite Name:

Employer Phone: E-mail:

JE/cmg\cope 378\CBA Education Fund Confirmation of Employee Status and Leave Approval Form (final)

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