

THIS FORM MUST BE ATTACHED TO COMPLETED APPLICATION FORM



CONFIRMATION of EMPLOYEE STATUS and LEAVE APPROVAL FORM  
**LONG-TERM TRAINING**

**EMPLOYEE, PLEASE COMPLETE:**

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

Position: \_\_\_\_\_ Dept. \_\_\_\_\_

Classification: \_\_\_\_\_ Status:  Full-time  Part-time

Leave requested for the following dates: \_\_\_\_\_  
\_\_\_\_\_

Total numbers of days leave requested: \_\_\_\_\_

---

**EMPLOYER, PLEASE COMPLETE:**

Is employee covered by the 2006-2010 **Health Services & Support Facilities Subsector** collective agreement?  Yes  No

Employee status: \_\_\_\_\_ FTE (1.0, 0.5, 0.8, etc.)

Is this employee currently on any other leave?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

**Leave Granted by:**

\_\_\_\_\_  
Employer Name *(please print)*

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Worksite Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(please turn over)

# **FBA** education fund

## SKILLS SHORTAGE CONFIRMATION FORM

### LONG-TERM TRAINING

I, the Employer, agree that the Leave requested by \_\_\_\_\_  
Employee Name (*please print*)  
is for training in a Skills Shortage area.

**Skills Shortage Area:** \_\_\_\_\_

**Training:** \_\_\_\_\_

\_\_\_\_\_  
Employer Name (*please print*)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date