

THIS FORM MUST BE ATTACHED TO COMPLETED APPLICATION FORM



CONFIRMATION of EMPLOYEE STATUS and LEAVE APPROVAL FORM
SHORT-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: _____