



**Department of Medicine**  
**EMPLOYEE - REQUEST FOR LEAVE**

Is this a routine request > 2 weeks? \_\_\_\_\_

Is this an emergency request < 2 weeks notice? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you completed your provisional period? \_\_\_\_\_

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

Date Submitted: \_\_\_\_\_

**Type of Leave:**

\_\_\_\_\_ Annual Leave

\_\_\_\_\_ Sick Leave: The amount of sick leave authorized must not exceed two (2) hours for regular appointments.

Provide brief description of this leave request: i.e. Appointment, Bereavement etc.

\_\_\_\_\_ Other (Specify) (UH) Unscheduled Holiday, (JD) Jury Duty, (LW) Leave Without Pay, (FMLA) Family Medical Leave – prior approval / medical certification

Amount of Leave to be Taken: \_\_\_\_\_

\* My Available Leave is: Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_ UH \_\_\_\_\_

**Leave date(s) and time:**

From: (date) \_\_\_\_\_ (time) \_\_\_\_\_

To: (date) \_\_\_\_\_ (time) \_\_\_\_\_

Person responsible during your absence: \_\_\_\_\_

Will all deadlines/critical work duties be completed prior to your absence? \_\_\_\_\_

\_\_\_\_\_  
(Employee) (Date)

*This time is approved based on the condition that you have the adequate leave available. If something occurs between now and this requested time off and you do not have this leave available to take on this date(s), we will need to meet and discuss whether this time will still be granted.*

\_\_\_\_\_  
(Business Manager) (Date)

\_\_\_\_\_  
Reviewed by: Dept. Manager/Director (Date)

\* Must complete leave hours or submit leave balance from MyMCG