



# CUPE LOCAL 947

## Application for Absence from Work

Please complete this form and submit it to your supervisor for signature. **After this form has been signed, please forward it to Human Resource Services for approval.**

Please note that approved absences are not intended to be taken in conjunction with any other absence provided within the current collective agreement. Further, it is not intended that this absence will supersede any previously approved and scheduled, paid or unpaid, absence. The Director of Human Resource Services may consider exceptions.

**Employee Number:** \_\_\_\_\_

**Employee Name:** *(please print)* \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Please check type of absence requested:**

Type of Leave	Article	ADS Code	Start Date	End Date
<input type="checkbox"/> Long Service	21.04	24		
<input type="checkbox"/> *General – Personal	24.01	11		
<input type="checkbox"/> Union Business	24.02			
<input type="checkbox"/> Medical (sick) or Injury	24	1		
<input type="checkbox"/> *Bereavement	24.03	2		
<input type="checkbox"/> Jury Duty	24.04	3		
<input type="checkbox"/> Educational	24.05	11		
<input type="checkbox"/> Maternity	24.06			
<input type="checkbox"/> *Parental	24.07			
<input type="checkbox"/> Adoption	24.08	7		
<input type="checkbox"/> Paternity	24.08	6		
<input type="checkbox"/> *Family	24.12	8		
<input type="checkbox"/> Marriage	24.14	22		

\*Reason for application: *(Please specify relationship)*

Location:	Classification:
Telephone Number:	Date:
Supervisor: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Initial	Date:
Human Resources Approval:	Date:

Copies to:  Payroll  Employee file

The information on this form is required to process your application for absence and will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act. Any questions concerning the collection and use of this information may be directed to the Director, Human Resources, 556 Boleskine Road, Victoria, B.C. V8W 2R1, telephone 250-475-4191.

**Once your leave is approved, it is your responsibility to enter your absence into ADS (*Automated Dispatch System*).**

**For important information, see next page.**

Please note the following points. They are critical to maintaining **benefit coverage** during periods of extended leave.

- The Payroll Office must be contacted prior to the commencement of any approved absence of one month's duration or more.
- It is your responsibility for the full payment of fringe benefits covering approved absence periods. The Payroll Office will calculate the value of the benefit premiums and provide you with an invoice.
- Payment may be made in full or, by arrangement with the Accounts Department, with post dated cheques. If payment has not been received by the Accounts Department prior to the invoice payment date, benefits will be terminated. **There will be no second notice.**
- Group Life Insurance is a condition of employment. In accordance with the collective agreement, this benefit must be maintained.
- If you elect to cancel your Medical, Dental, Extended Health and Optional Life Insurance, you may do so. However, when you return to work the re-instatement of these benefits will be at the discretion of the individual carriers.
- Please note that benefit carriers have the right to cancel coverage if an approved absence extends beyond six months. This may apply to your Life Insurance, Dental and or Extended Health coverage.

Clarification of these points can be requested of Clara Griffin, the Benefits Specialist in the Payroll Office at 250.475.4201.