## SUPPORT STAFF ABSENCE REPORT
### DEPARTMENT OF CHEMISTRY

Name: _______________________________  
Person ID: __________________________

### Use Below for Absence Reporting
(Select type of leave and then enter dates and hours of absence in table):

**Vacation:**
- [ ] 800 Vacation Leave (Prior Approval Required; See Reverse)

**Illness:**
- [ ] 855 Casual Illness (3 days or less)
- [ ] 865 General Illness (More than 3 days; Requires Medical Note)

**Other Leave:**
- [ ] 855 Medical / Dental Appointment

**Special Leave:**
- [ ] 820 Birth / Adoption
- [ ] 822 Bereavement
- [ ] 825 Citizenship
- [ ] 827 Change of Domicile (Address Change form)
- [ ] 830 Compassionate Leave
- [ ] 832 Family Illness
- [ ] 835 Special Emergency
- [ ] 837 Subpoena / Jury Duty

### Period of Absence: (Fill in date and hours columns)

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
<th>Hours</th>
<th>Leave Code</th>
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### For Office Use:

- **Date Received:**
- **Date Logged:**

### Use Below for Modified Work Agreements
(Need Signed Agreement):

- **Use these fields to track Extra Time earned:**
  - Balance forward: __________
  - Plus Extra Time earned: __________
  - Total Time earned: __________

- **Use these fields to track Extra Time taken:**
  - Less Extra Time taken: __________
  - Time Forwarded to Next Period: __________

The personal information on this form is collected for the purpose of managing personnel leave and vacation entitlement (Section 14 (4)(a) of the Employment Standards Code).

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**Employee’s Signature**  
**Supervisor’s Signature**

**PLEASE SUBMIT TO HR ADMINISTRATOR ONCE SIGNED BY SUPERVISOR**
SUPPORT STAFF VACATION LEAVE REPORT
DEPARTMENT OF CHEMISTRY

Future Vacation Date(s) Requested*:

__________________________________________________________________________  -  __________________________________________________________________________

__________________________________________________________________________  -  __________________________________________________________________________

__________________________________________________________________________  -  __________________________________________________________________________

__________________________________________________________________________  -  __________________________________________________________________________

__________________________________________________________________________  -  __________________________________________________________________________

__________________________________________________________________________  -  __________________________________________________________________________

* Must be arranged with supervisor, in advance.

__________________________________________________________________________  __________________________
Employee’s Signature                                             Supervisor’s Signature

PLEASE SUBMIT TO HR ADMINISTRATOR ONCE SIGNED BY SUPERVISOR