



United Native Friendship Centre

Time-Off Request

Information

Employee Name: _____

Job Title & Program: _____

Supervisor: _____

Type of Absence Requested:

- Sick Annual Leave Bereavement Time Off Without Pay
 Field Day Compensatory Time Maternity/Paternity Appointment Other

Dates of Absence: From: _____ To: _____

Reason for Absence: _____

You must submit requests for absences two days prior to the first day you will be absent.

Employee Signature

Date

Supervisor Approval

- Approved
 Rejected

Comments: _____

Supervisor Signature

Date