



United Native Friendship Centre

Time-Off Request

Information

Employee Name: _____

Job Title & Program: _____

Supervisor: _____

Type of Absence Requested:

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Sick/Medical | <input type="checkbox"/> Vacation | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> Appointment | | | |
| <input type="checkbox"/> Field Day | <input type="checkbox"/> Compensatory Time (time/adjustment) | <input type="checkbox"/> Maternity/Parental | <input type="checkbox"/> Other |

Dates of Absence: From: _____ To: _____

Reason for Absence:

You must submit requests for absences 48 hours (2 days) prior to the first day you will be absent. Emergency leave to be considered/approved by Executive Director or designate. Team Leads have the authority and discretion to approve or decline.

Employee Signature

Date

Supervisor Approval

- Approved
 Rejected

Comments:

Supervisor Signature

Date