

	POLICY	Effective Date	Document ID
	WORKPLACE LEAVE	January 2018	
	Approved by: CEDA Executive Team	Page 1 of 1	Revision 1.0

1.1 Appendix B - REQUEST FOR LEAVE OF ABSENCE FORM

Name: (Last Name, First Name)
Hire Date:
Business Unit:
Position Title:

Type of Leave: ☐ Personal ☐ Maternity/Parental/Adoption ☐ Bereavement Leave (Paid) ☐ Bereavement Leave (Unpaid) ☐ Jury Duty ☐ Compassionate Care ☐ Apprenticeship ☐ Other (as defined in Policy): _____	Date of Leave: Start of Leave: _____ Return to Work Date: _____
Employee Signature: _____	
Reason for requested leave: _____	
Date: _____	

This request is: ☐ Approved ☐ Denied
Leader Signature: _____ Date: _____
Benefits Signature: _____ Date: _____

Copy to employee and Leader. Return to CEDA Benefits, Calgary benefits@cedagroup.com

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