UNIVERSITY OF WATERLOO

WATERLOO | HUMAN RESOURCES

Staff Leave of Absence Request - Policy 39

Employee Information

Last Name:		**First Name:**	
Department:		**Employee ID:**	

Type of Leave of Absence Requested (please check applicable leave and complete necessary details)

☐ Unpaid, please indicate duration: ☐ Less than 4 months ☐ 4 to 12 months

☐ Paid Study Leave, please indicate salary: ☐ Full Salary ☐ Partial Salary _____%

☐ Self-Funded (Deferred Salary) % of Salary to Defer: _____% From: _____ (mm/dd/yy) To: _____ (mm/dd/yy)

Additional details, if applicable:

Leave of Absence Dates

Leave Begin Date:	**Last Day Worked:**
Expected Return to Work Date:	

Requestor: *Please sign and forward a copy of this form to your direct manager. Once all approvals are obtained, please forward to Human Resources.*	
Signature:	**Date:**
My signature indicates my request for a leave of absence. My signature also indicates that I understand that to maintain benefits coverage for the duration of my leave I may be required to make contributions. I also understand that I have the option of contributing to my pension plan while on leave.	

Approvals *Note: Please ensure appropriate signatures are obtained as outlined in the applicable Policy.*

Manager		
Print Name:	**Signature:**	**Date:**
Department Head		
Print Name:	**Signature:**	**Date:**
Senior Administrative Officer *(required if Unpaid Leave of Absence is longer than 4 months)*		
Print Name:	**Signature:**	**Date:**
Vice-President, Academic & Provost *(required for Paid Study Leave of Absence)*		
Print Name:	**Signature:**	**Date:**