

# LEAVE REQUEST FORM

<b>Employee Information</b>	Employee Name:	Work Location:
	Employee Number:	Department:
	Regular Position:	Rest Days:
	Union Name:	Work Hours:

<b>Leave Requested</b>	<input type="checkbox"/> Personal Leave (Max 3 paid, 2 unpaid)	Days Requested: ____ Paid Days ____ Unpaid Days
	<input type="checkbox"/> Family Violence Leave (Max 10 days, 5 paid)	Days Requested: ____ Paid Days ____ Unpaid Days
	<input type="checkbox"/> Traditional Aboriginal Practices Leave (Max 5 days unpaid)	Days Requested: ____ Unpaid Days
	<input type="checkbox"/> Reservist Leave	Days Requested: ____ Unpaid Days
	<input type="checkbox"/> Medical Leave (Unpaid)	Days Requested: ____ Unpaid Days
	<b>Date(s):</b>	
<b>Reason(s) for Leave:</b>  _____  _____  _____		
<b>Note: Reason(s) for Leave must be in accordance with the Canada Labour Code.</b>		

\* All Leave Request Forms must be filled out in their entirety and submitted with supporting documentation. Failure to do so will result in an automatic declination.

\*\* All Leave Request Forms must be submitted in advance of the requested dates unless the Leave is of an urgent nature, in which case the Leave Request Form must be submitted within 72 hours following the employee's return to work.

# LEAVE REQUEST FORM

**Documentation**    Documentation supporting the reason(s) for leave is included with the submission of this Form.

Note: This Form is the employer's request in writing for documentation in support of your leave request.

Note 2: Documentation supporting Medical Leave is only required if the absence is three (3) days or longer.

**Prior Leave in Calendar Year**   Please indicate the number of paid and/or unpaid time off you have taken or been approved for this calendar year.

\_\_\_ Paid Days including:

- Weekly Indemnity Benefits
- Workers Compensation Benefits (Or equivalent)
- Personal Leave
- Other \_\_\_\_\_

\_\_\_ Unpaid or Days unavailable including:

- Off Sick
- Compassionate Leave
- Leave of Absence
- Missed Call (T&E)
- Unfit (T&E)
- Earned Days Off (T&E)
- Medical Leave - holding turn (T&E)

I verify the information given in this form is true, complete and accurate. In the event I exceed eligibility for paid leave, I agree any overpayment will be deducted from my next bi-weekly pay.

\_\_\_\_\_  
(Employee Name)

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date Submitted)

\* All Leave Request Forms must be filled out in their entirety and submitted with supporting documentation. Failure to do so will result in an automatic declination.

\*\* All Leave Request Forms must be submitted in advance of the requested dates unless the Leave is of an urgent nature, in which case the Leave Request Form must be submitted within 72 hours following the employee's return to work.

# LEAVE REQUEST FORM

## **Manager Review**

- The Form has been filled out by the employee in its entirety.
- Supporting documentation has been provided to support the requested leave.
- The employee appears to meet the eligibility requirements within the Canada Labour Code (i.e. Length of Service, Official Status, etc.)
- The leave appears to be requested for a reason provided under the Canada Labour Code.
- I have verified the paid and/or unpaid time off the employee has taken or been approved for this calendar year and based on the guidance around stacking/pyramiding of leaves, the employee appears to be eligible for the requested leave.
- I am recommending this leave request be declined on the following basis:

---

## **Manager Information**

**Manager Name:**

**Location:**

**Regular Position:**

**Department:**

**Date Completed:**

**Manager Signature:**

[Once the Leave Request Form is completed, the Manager must forward this form to Labour\\_Relations@cpr.ca for final review and determination.](mailto:Labour_Relations@cpr.ca)

[Note: Only those requests formally approved by Labour Relations are to be entered into or approved in SAP.](#)

\* All Leave Request Forms must be filled out in their entirety and submitted with supporting documentation. Failure to do so will result in an automatic declination.

\*\* All Leave Request Forms must be submitted in advance of the requested dates unless the Leave is of an urgent nature, in which case the Leave Request Form must be submitted within 72 hours following the employee's return to work.