



Policy Supporting Document:	O-5.9.1
Policy Holder:	Exec. Dir. Human Resources

Please complete all sections of the form and submit it to the appropriate individual for approval.

A) EMPLOYEE DATA

NAME _____ COLLEAGUE ID# _____

School / Department _____ Position: _____

Camosun Telephone Extension _____ Camosun E-Mail _____

FORWARD ADDR _____
street city prov postal code

Off-Campus Telephone _____ Off-Campus E-Mail _____

Employee Category (circle one): CCFA BCGEU CUPE EXEMPT

B) LEAVE SPECIFICS

By submitting this form, I am requesting a _____% unpaid leave from my position at Camosun College for a period of _____ weeks, or _____ months extending from _____ (first day of leave) until _____