

REQUEST FOR LEAVE/SHIFT CHANGE

FORM SUBMISSION INSTRUCTIONS

- 1. Download Form (Top right corner of web page) 坐
- 2. Fill out Form on Adobe.
- 3. Save the file.
- 4. Attach the file to Email.

5. Send the file to	your Manager	via Email.
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TO:					FROM:					
Manager/Director						Employee (ple	yee (please print)			
DATE SUBMITTED:						. ,				
				_						
I reque	st the following	ng leave f	or the dat	tes indicat	ed:					
	TYPE OF LEAVE			DATES		TIME	# 0	OF HRS/DAYS		
1.	Vacation									
2.	Lieu Time									
3.	Float Day									
4.	4. Family (Specify as per									
	article 15.03):	-								
5.	Union									
6.	MCO									
7.	Leave Withou	ut								
	Pay: (specify):									
8.	Other (specify	·								
0.	Other (speeling	,.								
	Family time, specify to opractor, time, along				Т	OTAL HRS/DAY	/S:			
	st the following									
SCHEI	DULED SHIFT	WITH V	VHICH	IN EXCHA	NGE FOR	WITH WHIC	Н	OTHER		
	TE & TIME)	INDIVID				INDIVIDUAL		EMPLOYEE		
Sugges	ted Coverage,	Reason f	or reques	t/Comme	nts:					
										
Signature of Employee		Signature of Other Employee (accepting shift change)								
					(accepting	s sniit change)				
Manager/Director: Lapprove		/do not approve this leav		ve/shift change (check appropriate portion)						
becaus	e:									
Approv	red By					Date				