# Personal Emergency Leave – Non full-time employees

Employees are entitled to ten (10) days of Personal Emergency Leave, with the first two (2) days being paid. You must have one week of service to be entitled to the two paid personal emergency leave days. Any paid days will be paid at your regular rate of pay.

You must notify your supervisor of the date of your absence as well as the nature of the absence. If the absence qualifies for the personal emergency leave (paid or unpaid), it will be processed and recorded accordingly. Please note that a partial day will count as a whole day for the purposes of the Personal Emergency Leave.

Please provide the following required information, along with supporting documentation, (i.e. Medical professional’s note) with this form.

Please note – where existing leave provisions in collective agreements or terms and conditions of employment provide a greater right or benefit, the College will apply both provisions to the same absence.

# Employee Section:

Name: Click or tap here to enter text.

Employee ID: Click or tap here to enter text.

Department: Click or tap here to enter text.

Supervisor: Click or tap here to enter text.

Date (s) applying for personal emergency leave along with details of absence (each date should be listed separately along with details)

| **Date of Absence** | **Type of Absence** | **Type of Specified Family Member** | **Number of Regular Scheduled Hours**  |
| --- | --- | --- | --- |
| Click or tap to enter a date. | Choose an item. |  |  |
| Click or tap to enter a date. | Choose an item. |  |  |
| Click or tap to enter a date. | Choose an item. |  |  |
| Click or tap to enter a date. | Choose an item. |  |  |
| Click or tap to enter a date. | Choose an item. |  |  |
| Click or tap to enter a date. | Choose an item. |  |  |
| Click or tap to enter a date. | Choose an item. |  |  |
| Click or tap to enter a date. | Choose an item. |  |  |
| Click or tap to enter a date. | Choose an item. |  |  |

Employee signature:

# Manager Section:

Please complete the following table for the hours the employee would have worked on the day(s) of the absence, so that hours can be paid for a timesheet employee or removed for an automatically-paid employee.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Absence | Hours | Hourly Rate | Account Code | Department Code |
| DD | MM | YY |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

For RPT employee or Partial Load employees, please provide dates of any prior absence(s) for sick or bereavement in this calendar year:

| **Date of Absence** | **Type of Absence** |
| --- | --- |
| Click or tap to enter a date. | Choose an item. |
| Click or tap to enter a date. | Choose an item. |

Manager signature:

Please forward to “Human Resources – Leave Specialist” when completed.

# HR Department Section:

Leave Specialist Approval: Yes [ ]  No[ ]

Leave Specialist Signature:

Type of Personal Emergency Leave: Paid [ ]  Unpaid [ ]