



# Leave of Absence for VCCFA Union Business

## Part 1: To be Completed by Employee

NAME	EMPLOYEE ID
DEPARTMENT	PHONE

## Period of Leave Requested

LEAVE START DATE:	LEAVE END DATE:
LEAVE START TIME:	LEAVE END TIME:
TOTAL NUMBER OF LEAVE DAYS:	TOTAL NUMBER OF LEAVE HOURS (if less than one full day)

## Reason for Requesting Leave – Please select one from Section A or B

### SECTION A: SALARY CHARGED TO THE COLLEGE (DEBIT ACCOUNT NUMBER 20-1110-6300)

<input type="checkbox"/> Grievance meeting with Administration	<input type="checkbox"/> Meeting with Administration (administering Collective Agreement)
<input type="checkbox"/> Attending College Committee as Union Rep	<input type="checkbox"/> Bargaining meeting with College
<input type="checkbox"/> Management-Employee Relations meeting	<input type="checkbox"/> Other:

### SECTION B: SALARY CHARGED TO THE VCCFA

- Attending Association Affairs

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EMPLOYEE SIGNATURE

DATE

## Part 2: To be Completed by Department Head only if Employee selected SECTION B above

### REPLACEMENT COST CHARGED TO THE VCCFA

NAME OF REPLACEMENT:	TOTAL HOURS:
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### SELECT APPROPRIATE REPLACEMENT PAY:

<input type="checkbox"/> <b>Auxiliary:</b> use Account Number 20-9601-6070 when completing Time Sheet
<input type="checkbox"/> <b>Term:</b> use account number 20-9601-6020 when completing Appointment Request Form
<input type="checkbox"/> <b>Regular:</b> VCCFA will be charged replacement's salary. Debit account number 20-9601-6010
<input type="checkbox"/> <b>If no replacement instructor is used,</b> provide reason:

VCCFA will be charged the mid-point of salary schedule (Step 5). Debit account number 20-9601-6010.

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DEPARTMENT HEAD NAME

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DEPARTMENT HEAD Signature

Date

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DEAN / DIRECTOR / VP NAME

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DEAN / DIRECTOR / VP SIGNATURE

Date

**Email completed form to your Human Resources Associate  
HR to provide copy to Finance & VCCFA (if applicable)**