



Lakehead University - LEAVE OF ABSENCE FORM

*Complete and forward to Human Resources via email to formsubmission.hr@lakeheadu.ca

Employee: _____ Type of Leave: _____ Leave paid or unpaid?
Department: _____ Maternity/parental PAID
ID: _____ Illness UNPAID
Employee/student number Personal Emergency
Other _____ Please specify
Union Business? _____ Billable Unbillable
Name of union

Leave of absence dates: (YY-MM-DD - year-month-day)
Note: Start and end dates are mandatory
Time (if applicable) Time (if applicable)
Union business: From: _____ to _____
Maternity: From: _____ to _____
Parental: From: _____ to _____
Illness: From: _____ to _____
Personal emergency: From: _____ to _____
Other: From: _____ to _____

Explanation/comments: _____

*Please do not include personal medical information on this form

Requested by: _____ Employee's Signature Date
Approved by: _____ Supervisor's Signature Print name Date
Authorized by: _____ Department Head Signature Print name Date
Authorized by: _____ Human Resources Signature Print Name Date

Note: All leaves without pay which exceed five (5) days require authorization from Human Resources.