calgary health region

Leave of Absence

Employee Name (Last, First)		
Employee ID:	Employee Record No:	
Functional Centre:	Department Name:	Work Phone:

Employee Class:

☐ Regular Full Time
☐ Regular Part Time FTE ________________
☐ Casual
☐ Recall
☐ Med/Hon
☐ Students
☐ Other ________________

☐ Temporary Full Time
☐ Temporary Part Time FTE ________________
☐ *Temporary Full Time with Benefits
☐ *Temporary Part Time with Benefits

****Limited Term Positions:**

From ________________________________ To ________________________________

***Depends on the FTE - hours/week/union**

For information, go to http://www.crhahealth.ab.ca/supp/hr/benefits/index.htm

Request For Leave of Absence

Reason: ☐ Maternity Due Date ____________________ ☐ Parental ☐ Education ☐ Personal
☐ Union ☐ Layoff ☐ Medical Leave ☐ Other ________________________

Start Date:	End Date:	Last Day Paid:	Record of Employment Requested: ☐ Yes ☐ No
Employee Signature:		Date:	Department Authorization: ☐ Approved ☐ Not Approved
Department Approval Name (Print):		Department Signature:	
Phone Number:		Date:	

The employee will be contacted by the Benefits Service Centre regarding benefit coverage.

Note: Employees will not automatically be returned in the HR Payroll System at the end of their leave.
Please complete the lower portion of this form to return an employee from a leave of absence.

Notice of Extension or Return From Leave of Absence

Original Return to Work Date: ____________________________
(yyyy/mon/dd)

Revised Return to Work Date: ____________________________
(yyyy/mon/dd)

Department Approval/Name (please print): ____ Phone: ____________________

Signature: ____ Date: ____________________

Benefits/OH&S Use Only

Date Entered: ____________________________ Initial ________________
(yyyy/mon/dd)

Date Sent to Payroll: ____________________________
(yyyy/mon/dd)

Benefit Adjustment required: ____

Action: ________________________________ Action Reason: ________________________________

Forward To: Benefits Service Centre, 2nd floor 112-28th St. SE Fax: (403) 699-0691

102435 © R(2004/10)