

COMMISSIONAIRES LEAVE REQUEST

1. All Commissionaires are required to complete the "Leave Form" when requesting a leave of any type.
2. All requests shall be submitted to the Corps HQ through your Supervisor to Ops a minimum of 2 weeks (14 days) before starting leave in order to find a replacement if required.
3. Personnel are requested to refer to the Corps/Division Leave Policy (Human Resource Policy Handbook)

Name Employee # Site

Request (Select one):

Vacation Maternity Sick Bereavement Other

Total Calendar Days Total Working Days (From) (To)

Returning to duty on: _____ and _____
Date Shift

REPLACEMENT REQUIRED:

Yes No
(Place X to indicate)

Vacation pay required for leave:

Yes No
(Place X to indicate)

If yes, indicate amount requested and month to be paid in.

\$ _____
Amount Month

Commissionaire signature

Date Submitted

Shift Supervisor Approval

Date of Approval

Ops Signature
(CEO for Office Staff)

Payroll Authorization for Vacation Pay (if required)

Ops Section

Entered in CHRIS: Yes No
Given to Payroll Yes No

Fin Section: Return to Ops for filing.