

**LEAVE REQUEST**

NAME \_\_\_\_\_  
(Please print)

DEPARTMENT \_\_\_\_\_

DIVISION/SECTION \_\_\_\_\_

Approval is requested for leave as indicated below:

Date: \_\_\_\_\_ or for the period \_\_\_\_\_ 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_ .

Number of total leave hours requested: \_\_\_\_\_ Indicate Time of Day Taken: \_\_\_\_\_

**PLEASE TICK APPROPRIATE BLOCK:**

**EARNED LEAVE**

- Sick Leave
- Annual Leave
- Paid Leave
- Time off in Lieu (TOIL)
- Other (specify) \_\_\_\_\_

**LEAVE WITH PAY**

- Educational Leave
- Jury Duty/Court Leave
- Injury on Duty Leave
- Bereavement Leave - *give relationship of deceased:* \_\_\_\_\_
- Family Responsibility Leave - *Provide /attach details:*  
\_\_\_\_\_  
\_\_\_\_\_
- Other – Provide/ Attach Details  
\_\_\_\_\_

**LEAVE WITHOUT PAY**

**Please refer to instructions for important information on Continuation of Insurance & Buy Back of Service**

- Maternity/Parental/Adoption Leave
- Educational Leave Unpaid
- Unpaid Leave (No appropriate earned leave remaining)
- Other – *Provide/Attach details*  
\_\_\_\_\_

**BALANCE – Subject to Audit (For completion by Timekeeper prior to employee signing)**

Annual Leave _____ hours	TOIL _____ hours	Other (specify) _____ hours
Paid Leave _____ hours	MTOIL _____ hours	
Sick Leave _____ hours	Family Resp. Leave _____ hours	

I verify leave balance per applicable absence management system as stated above:

\_\_\_\_\_  
**Timekeeper's Signature**

\_\_\_\_\_  
**Date**

*Note:* Leave accumulated and usage of leave must be in accordance with the various Collective Agreements and Human Resource Policies (this includes the 20 year sick leave policy as per relevant Articles in the various Collective Agreements). Employees are responsible to ensure all requests meet the criteria for leave as outlined in the various Collective Agreements and Human Resource Policies. Employees should retain a copy of all approved Leave Request forms to aid in reconciliation of available balances. Clerical errors in the recording of Leave Request forms can impact balances.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

Leave approved by: \_\_\_\_\_  
**Signature Title Date**

Under the authority of the **Financial Administration Act**, personal information will be collected for the purpose of processing requests. Your personal information is protected by the Access to Information and Protection of Privacy Act and will not be disclosed without consent or authorization. Any questions or comments can be directed to the Compensation and Benefits Service Centre Specialists at 729-7690, 1-888-729-7690 or [CompensationBenefits@gov.nl.ca](mailto:CompensationBenefits@gov.nl.ca).

## **LEAVE REQUEST FORM (OCG-805) INSTRUCTIONS:**

A copy of this form can be found on the Public Service Network site (<http://www.intranet.gov.nl.ca/docs/default.asp>) or by contacting the Compensation and Benefits Service Centre. If you have any questions about the completion of this form, please contact the Compensation and Benefits Service Centre.

### **EMPLOYEE:**

Employees are responsible for submitting their leave requests to their Timekeeper who will complete the relevant leave type balance section of the *Leave Request* form prior to signing and submitting for approval. Clerical errors and delays in the recording of *Leave Request* forms can impact balances. Employees should reconcile the balances to their records and contact the Compensation and Benefits Service Centre immediately if errors other than delays in the recording of leave are noted. Where possible leave should be requested and approved prior to the employee taking it.

Employees requesting a partial day or a partial period over several days must indicate the time of day taken (e.g. 1:30 pm to 4:30 pm). In all cases, the total leave hours requested (e.g. 3 hours) is to be completed.

Leave Type Eligibility: Employees should consult their applicable Collective Agreement and/or Human Resource Policies [http://www.exec.gov.nl.ca/exec/pss/working\\_with\\_us/policies.html#4g](http://www.exec.gov.nl.ca/exec/pss/working_with_us/policies.html#4g) to determine their leave type eligibility. As well, the Compensation and Benefits Service Centre or Strategic Human Resource Management Unit may also be consulted.

### **TIMEKEEPER:**

It is the Timekeeper's responsibility to complete the relevant leave type balance, and sign and date the form prior to the form being signed by the employee and submitted for approval.

### **APPROVER (SUPERVISOR, MANAGER, ETC):**

Approver's should ensure all signatures and details are in place including the balance section prior to approval of requested leave and that the leave request is in accordance with the employee's Collective Agreement and/or Human Resources Policies; under no circumstances should leave be approved that will lead to an overdrawn situation. Leave requested and approved in advance (i.e. approved in April not taken until August) should be checked by the approver again prior to the employee taking the leave to ensure sufficient leave remains.

The *Leave Request* form must be approved by the immediate supervisor or more senior staff (e.g. an employee by the Supervisor, Supervisor by Manager, Manager by Director, Director by ADM, ADM by DM and DM by Minister). Under no circumstance can an employee approve his/her own leave.

### **CONTINUATION OF INSURANCE**

While you are on certain types of leave without pay you are able to continue your insurance. The Group Insurance Continuation form should be completed and forwarded to the Compensation and Benefits Service Centre or your payroll office at least 30 days prior to commencing leave. Failure to submit may result in cancellation of group insurance coverage. The form can be found on the Public Service Network site (<http://www.intranet.gov.nl.ca/docs/forms/admin/default.asp>) or by contacting the Compensation and Benefits Service Centre.

### **BUY BACK OF SERVICE**

Employees on an authorized leave of absence without pay may have that period credited as pensionable service upon paying the contributions required under their plan. Provided a request to purchase is received by the Pension and Group Insurance Administration Division within 90 days of returning from leave, the cost will be based on the leaving salary and would essentially be what would have been paid had the leave not occurred. The employer is obligated to match this. If the request is received after 90 days the cost is based on actuarial values using a current salary, and the plan member must pay the full cost as the employer is not obligated to match. Employees should contact the Compensation and Benefits Service Centre as soon as possible on returning from leave so the process can be initiated in time to meet this deadline.

### **Contact Information:**

**Compensation and Benefits Service Centre**

**E-mail:** [CompensationBenefits@gov.nl.ca](mailto:CompensationBenefits@gov.nl.ca)

**Phone:** 729-7690 or 1-888-729-7690