



Application for Leave, Overtime & Payment Request (NSGEU 79 & Confidential Staff)

- COMPLETED FORM MUST BE SUBMITTED PRIOR TO PAYROLL CUT-OFF (REFER TO PAYROLL CUT OFF SCHEDULE FOR SPECIFIC DATES).
- EMPLOYEES ARE RESPONSIBLE TO ENSURE THEY HAVE SUFFICIENT LEAVE CREDITS. IF THERE ARE INSUFFICIENT LEAVE CREDITS, THE UNEARNED LEAVE WILL BE CONSIDERED AS ABSENCE WITHOUT PAY AND THE EMPLOYEE'S PAY WILL BE ADJUSTED ACCORDINGLY.

BANNER ID: A _____	DEPARTMENT: _____
LAST NAME: _____	FIRST NAME: _____

LEAVE REQUEST:

<input type="checkbox"/> SICK LEAVE	<input type="checkbox"/> VACATION LEAVE	<input type="checkbox"/> OVERTIME/LIEU TIME LEAVE
<input type="checkbox"/> BEREAVEMENT LEAVE	RELATIONSHIP: _____	
<input type="checkbox"/> REQUEST FOR SPECIAL LEAVE	REASON: _____	

Note: Special leave for a moving day will not be approved until new address and phone number are updated (i.e. through Employee Self Service or Employee Action Form).

PLEASE COMPLETE ALL SECTIONS : TOTAL NUMBER OF DAYS: _____ (TOTAL HOURS: _____)

START DATE: _____ END DATE: _____ RETURN TO WORK DATE: _____

REQUEST FOR VACATION CARRY-OVER (NOT TO EXCEED 5 DAYS)

TOTAL NUMBER OF DAYS: _____ (TOTAL HOURS: _____)

OVERTIME RECORD/PAYMENT REQUEST:

OVERTIME WORKED – WEEK OF: _____	PAY PERIOD (OPTIONAL): _____
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Day	Regular Hours		Overtime Hours		Total O/T Hours	Rate @ 1x, 1.5x or 2x	Details on Overtime (if required):
	From	To	From	To			
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
Total Hours							Request to Bank Time in Lieu: <input type="checkbox"/> Number of Hours: _____ <i>(limits as per Collective Agreement or Policy)</i>
							Request Payment: <input type="checkbox"/> Number of Hours: _____

FOR DEPARTMENTAL USE ONLY:

Employee: _____	Date: _____
Supervisor: _____	Date: _____
Departmental: _____	Date: _____
FOAP (only required if different than home account): _____	

FOR HR & PAYROLL USE ONLY:

Total Hours to be Paid: _____ @ 1X + _____ @ 1.5X + _____ @ 2X = _____ Total Hours to be Banked: _____ Stand By: \$ _____	Processing Details: <input type="checkbox"/> Verified in PEALEAV HR Signature: _____	Payroll Use Only: <input type="checkbox"/> PHAHOURL <input type="checkbox"/> PEALEAV
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