## **BOMBARDIER**

DH3709R1

## LEAVE OF ABSENCE WITHOUT PAY

Name				Employ	ee number		
Date submitted:		Dept. number					
Payroll Type:	□ 112	□ 673	[	☐ Salaried			
Vacation must be	e used prior to co	mmencir	a leave of	ahsansa			
Date(s) of last lea			ig leave of	absence.			
I request a leave	of absence from	day	month	year	to	month	year
I will return to wor	k on:						
My reasons for re	questing leave of	absence a	are:				
				-			
During leave I will	be residing at the	following	address:				<del></del>
I can be reached	at the following tel	ephone ni	umber:				
Applicant's signati	ure						
lote to applicant failure to report back failure to report back farnted leave, I untart of such leave, I for supervisor only am satisfied that the chedule can be arraupervisor (print name	nderstand and agre my request is subje y e reason given war anged without repla	e that sho ct to cance rrants leav	uld I move i ellation.	o another po	osition of my c	own volition p	rior to the
acand lavel authorit				·			
econd level authority (print name and sign)  Il sections must be completed.					Date		
upervisor/Manager to hite (employee records een (department head anary (payroll)	o distribute copies a  Pink (appl		pplicable)				