

**LEAVE APPLICATION AND ABSENCE REPORT**

Personal information will be protected under the provisions of the Privacy Act.

Privacy Statement

Provision of the information requested on this form is required to comply with the provisions of the Financial Administration Act, paragraph 11(2)(d). The personal information will be used in the administration of your leave and attendance requests. Refusal to complete this form may result in your supervisor not being able to approve the requested leave, and failure to report to duty or absence without authorized leave may result in disciplinary action. The information is maintained in Personal Information Bank number PWGSC PSE 903 (Attendance and Leave) and is protected in accordance with the provisions of the Privacy Act. Under the Act, you have the right to request access and correction to your personal information, if erroneous or incomplete. The records are retained for two years following the last administrative action and then destroyed.

Type of application☒ Original ☐ Amendment to original**Complete the following section if your application is an amendment**

Type of Leave (Code)

Date of original request

Employee Surname

Immonen

Given Names

Chloe Chaz Barnhill

Personal Record Identifier

071478280

Paylist No

9600

Department

Fisheries and Oceans

Branch/Division/Section

Ocean Science Division

Address

9860 W Saanich Road, North

Input your required leave type in the table below

Type	Code	From Hour	From YYYY-MM-DD	To Hour	To YYYY-MM-DD	Hours and decimals
Vacation	110		2023-04-25		2023-05-05	67.500
Sick (Uncertified)	210					
Sick certified	220					
Sick without pay	230					
Furlough	310					
Compensatory	810					

OTHER LEAVE TYPES

Family related responsibilities						
Other Paid leave						
Leave without pay						

For all other leave types requested, give reason(s) here and/or quote article and sub-article of applicable agreement.

Sick leave declaration: I declare on my honour that due to illness or injury, I was incapable of performing the duties of my position during the entire period of absence for which leave is requested as indicated.

Physicians certificate form NHW 500☐ Completed and attached ☐ To follow☐ Unobtainable - statement attached

Employee's signature

Date (YYYY-MM-DD)

I request leave as stated aboveCompressed work week ☐ Yes ☒ No

Employee's signature

Date (YYYY-MM-DD)

2023-04-06

Recommended

Supervisor's signature

Date (YYYY-MM-DD)

Report of accident on duty☐ Attached ☐ To follow ☐ Previously submitted**Approved by authorized officer**

Print Name

Authorized officer's signature

Date (YYYY-MM-DD)

Leave recorded

Initials

Date (YYYY-MM-DD)

Pay Form (if applicable)

Initials

Date (YYYY-MM-DD)