



Lakehead University - LEAVE OF ABSENCE FORM

ALL LOA's MUST BE SUBMITTED TO forms submission.hr@lakeheadu.ca

DOWNLOAD THIS FORM TO YOUR DESKTOP BEFORE FILLING IN THE FIELDS.

Employee: _____

Type of Leave:

Leave paid or unpaid?

Maternity/parental

PAID

Department: _____

Illness/Medical

UNPAID

ID: _____

Personal Emergency

Employee number

Other: _____

Specify only if Other is selected

Employee Group: _____

select from dropdown

Union Business

Billable

Unbillable

Leave of absence dates (yyyy/mm/dd)

Note: Start and end dates are mandatory

Time (if applicable)

Time (if applicable)

Maternity From: _____ to _____

Parental From: _____ to _____

Illness/Medical From: _____ to _____

Personal Emergency From: _____ to _____

Other From: _____ to _____

Union Business From: _____ to _____

Explanation/comments: **Please do not include personal medical information on this form*

Requested by: _____ Date _____
Employee Signature

Approved by: _____ Date _____
Supervisor Signature Typed/Printed Name

Authorized by: _____ Date _____
Department Head Signature Typed/Printed Name

Authorized by: _____ Date _____
Human Resources Signature Typed/Printed Name

Note: All leaves without pay which exceed five (5) days require authorization from Human Resources.