



**REQUEST FOR LEAVE OF ABSENCE**  
X 83 (R2019-01)

**Instructions to Employee:**

If an unpaid leave is requested that exceeds 30 calendar days, arrangement for prepayment of applicable benefit premiums must be made. For Witness Subpoena/Notice to Attend; Jury Selection; Jury Duty, please complete form X 634.

After leave is approved, **please call HR Support Services at 403-268-5800 to arrange pre-payment of benefits. Pre-payment of benefits is a condition of leave and premiums must be paid prior to commencement of the leave.**

**A printed signed copy must be forwarded to HR Support Services/Pay Services # 8107SS.**

Employee's Surname		Employee's First Name		Employee ID		Department ID	
Contact Number			Email Address				
Business Unit		Division			Job Title		
Type of Leave of Absence		<b>Explanation Required for Health, Compassionate Care, Personal, Family or Union Business Leaves</b>					
Last Day Worked (YYYY-MM-DD)		Start of Leave (First scheduled day off work) (YYYY-MM-DD)		First Day of Return (YYYY-MM-DD)		Expected Date of Delivery (for Maternity and Parental Leave) (YYYY-MM-DD)	

**Employee:**

- Call HR Support Services/Benefits at 403-268-5800 (option #1) after leave is approved to arrange pre-payment of benefits.
- Call HR Support Services to inform payment method.
- Keep a copy for your records.

**Supervisor/Manager:**

- Send form to HR Support Services/Pay Services #8107SS.
- Call HR Support Services at 403-268-5800 (option #4) one week prior to report the leave of absence.
- Call HR Support Services at 403-268-5800 (option #4) to return the employee from leave.
- Keep a copy for your records.

**APPLICANT'S DECLARATION**

I hereby request a leave of absence in accordance with the information provided above. **I understand it is a condition of my leave of absence to prepay all applicable benefit premiums** for unpaid leaves exceeding 30 calendar days. I will contact HR Support Services to make arrangements for the pre-payment of premiums before the leave begins.  
**\*\*\* A printed signed copy must be forwarded to HR Support Services/Pay Services #8107SS.**

Employee's Signature		Date (YYYY-MM-DD)	
Employee's Exempt Supervisor/Manager Signature		Employee ID	
		Date (YYYY-MM-DD)	

Payroll Use Only (copies to employee file and benefits - transactions)