



LEAVE FORM RECORD

Office of Finance and Administration
humanresources@nscad.ca

Payroll ID (payroll use only) _____

It is the responsibility of all heads of divisions to complete this form for all vacation time, sick time and leaves of absence and to forward to Human Resources for record keeping purposes.

TO BE COMPLETED BY DEPARTMENT			
Name: _____		Division: _____	
Description of Leave: _____	<input type="checkbox"/> Sick Day		<input type="checkbox"/> Personal Emrg
	<input type="checkbox"/> Vacation		<input type="checkbox"/> Moving Day
	<input type="checkbox"/> Leave of absence		<input type="checkbox"/> Court leave
Employees Signature: _____		Authorized Signature: _____	
Year	20__	<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Date of Submission: _____
Month	Date	Day	Hours
		Sunday	
		Monday	
		Tuesday	
		Wednesday	
		Thursday	
		Friday	
		Saturday	
		Sunday	
		Monday	
		Tuesday	
		Wednesday	
		Thursday	
		Friday	
		Saturday	
TOTAL HOURS			

Please note, full time employees are based on 7 hours per day