



Voluntary Leave of Absence Application

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Employee Information *(To be completed by applicant)*

Personnel number	Employee last name	Employee first name
Job Title		Position <input type="checkbox"/> Base <input type="checkbox"/> Acting
Division	Section	Unit

I, _____, am applying for a Voluntary Leave of Absence for calendar year _____
(Employee Name) *(Year)*
as outlined below.

Number of days requested (1 - 20): _____. The leave must be completed within the calendar year in which it is granted.

Time off to be scheduled as follows: _____

Payment options:

- I will pay for the full cost of the leave in the pay period(s) in which the leave is taken. (Absence code: 4170/4180)
- I would like to pro-rate the cost of my leave over the number of pay periods (minimum of half a day per pay) remaining within the calendar year required to purchase the time and authorize Payroll to make these deductions, including my final adjustments, in accordance with the terms of the Voluntary Leave of Absence Policy or Article 17 of the CUPE Local 79 Full-time Collective agreement. (Absence code: 3170/3180)
- I elect to continue pension contributions for the voluntary leave period. (Absence code: 3170/4170)

Employee's signature: _____ Date: _____

The personal information on this form is collected under the authority of the City of Toronto Act, 2006 s. 136(c) and Report No. 10, Clause 1, of the Corporate Services Committee (July 29, 30 and 31, 1998). The information is used to process an employee request for a leave of absence and to determine eligibility for benefits. Questions about this collection can be directed to the Manager, Pension, Payroll & Employee Benefits, 13th floor, Metro Hall, 55 John Street, Toronto, M5V 3C6. Telephone: 416 392-8352.

Divisional Decision *(To be completed by division)*

<input type="checkbox"/> Approved <input type="checkbox"/> I agree to the employee's request above. <input type="checkbox"/> I agree to the following change in dates _____ (Employee must be advised of any date changes) <input type="checkbox"/> Not Approved. Reason: _____ _____	
Manager's signature:	Date:
Division Head or Designate's signature:	Date:

- If request is approved, the application must be forwarded to Pension, Payroll & Employee Benefits Division (PPEB) at least 4 weeks before the start of the leave or the first payroll deduction. Send a copy to divisional time-keeper for absence reporting. PPEB and the divisional time-keeper must be advised of any subsequent date changes.
- If request is denied, the application should be returned to the employee within 10 working days of the request.
- **Send a copy of the completed form to the employee and to Corporate personnel file, HR File Room, 5th Floor, Metro Hall (11/07)**