



OAKVILLE

LEAVE OF ABSENCE FORM

EMPLOYEE PROFILE

Employee Name: _____ Employee No #: _____
 Position: _____ Department: _____

LEAVE INFORMATION

Leave Start Date: _____ Finish Date: _____

Explanation
For Leave :

If necessary, please attach additional information to this form.

DEPARTMENTAL APPROVALS

Signature

Date Approved

Supervisor: _____

Department
Head: _____

Commissioner: _____

CAO: _____

*The CAO's approval is only required for leaves that will be longer than 12 months.

HUMAN RESOURCES CONFIRMATION

Approved By:

Signature _____

Director of Human Resources

Date _____

If approved, this form along with a *Change of Status – Current Employee* must be filled out and all documents should then be forwarded to the Human Resources Department for confirmation and processing.