



FACULTY OF ENGINEERING AND APPLIED SCIENCE

RECORD OF LEAVE – All Departments

Employee Name: _____

Employee ID: _____

Period of leave: From: _____ To: _____
 Begin time: _____ End time: _____ # of hours: _____

Leave Type	Total leave available (hours)	# of hours requested	Total balance remaining (hours)	Backup required if applicable
ANN – Annual Leave				Attach leave balance from MUN self-service
AOT – Accrued overtime taken				Attach balance from MUN self-service
CPL – Compassionate leave	N/A			Provide detail in space below
<i>CPL detail:</i>				
FML – Family leave	N/A			Attach balance from MUN self-service
<i>FML detail:</i>				
JUR – Jury duty or court leave	N/A			Attach proof of jury duty
PDL – Professional Development				Attach balance from MUN self-service
SKN – Sick leave with a note	N/A			Attach medical note if > 4 consecutive days
SKW – Sick leave without a note	N/A			No backup required (See leave policy)
Flex time	N/A			Attach record of flex time accrual/balance

Employee Signature: _____

Date: _____

Supervisor Approval Signature: _____

Date: _____