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 – Compass-ionate leave	N/A			Provide detail in space below
CPL detail:				
FML – Family leave	N/A			Attach balance from MUN self-service
FML detail:				
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
SKC - COVID19 Leave (isolation or diagnosed)				Attach medical backup if available.

Employee Signature: _____   Date:

Supervisor Approval
Signature: _____   Date: