

# REASON FOR ABSENCE FORM

For Banner HR update

Print Form

FOR COMPLETION BY MEMBERS OF CUPE LOCAL 1615 AND NON-BARGAINING UNIT STAFF  
IN ACCORDANCE WITH PROVISIONS OF THE COLLECTIVE AGREEMENT OR TERMS AND  
CONDITIONS OF EMPLOYMENT, AS APPROPRIATE.

## SECTION 1: TO BE COMPLETED BY EMPLOYEE

Employee Name

Banner/Employee ID

Department

FOR ANNUAL LEAVE/VACATION, PRE-APPROVAL IS REQUIRED

Begin Date

End Date

Number of Days

OR

Number of Hours

**Sick Leave: Provide doctor's note where required; Compassionate Leave: Indicate relationship**

PLEASE SELECT APPROPRIATE LEAVE:

NOTE: EACH LEAVE TYPE REQUIRES SEPARATE FORM

Leave Type

Details

EMPLOYEE SIGNATURE

DATE

## SECTION 2: FOR USE BY SUPERVISOR

APPROVED:

YES  NO

If NO, return form to employee for correction; ensure accurate information is updated to Banner HR.

SUPERVISOR SIGNATURE

DATE