EMPLOYEE
ABSENCE REQUEST FORM

Listuguj Education, Directorate
1 Riverside West Listuguj, Qc G0C 2R0
Phone: 418-788-2248 Fax: 418-788-5980

EMPLOYEE

Name : _____ Date Requesting: _____

☐ Sick ☐ Personnal leave with pay(sick) ☐ Personnal leave without pay ☐ Bereavement
☐ Medical Appointement ☐ Vacation ☐ Overtime ☐ Educational leave
☐ Conference, Meeting, Professionnal Development

Requesting : _____Day(s)or _____Hour(s) From: _____To:_____

Reason for Absence :

_____ _____
Employee Signature *Date*

ADMINISTRATION

Confirmation of Available Accumulated Leave
Vacation Days: _____ Sick days:_____ Personal Days Used:_____ Overtime:_____

_____ _____
Verified By *Received Date*

☐ Approved ☐ Not approved

Comments: _____
_____
_____

_____ _____
Signature *Date*