



Leave of Absence Without Pay Notification

Employee _____

Department _____

Employees may be granted a leave of absence without pay for the reasons outlined in Administrative Policies and Procedures. This type of leave may be granted at the discretion of the supervisor department head. The information provided below is necessary for a better understanding of your leave dates and your responsibilities before and during leave.

You are authorized _____ days as a leave of absence without pay beginning _____
and ending _____

This leave of absence is granted for the following purpose (check one.)

- a. Sick
- b. Educational
- c. Military
- d. Personal

If continued coverage under the BC Group Insurance Plan is desired, you must arrange, in advance, with Human Resources for payment mechanism for the employee share of premium payments.

You will be expected to return to work (at your prior work commitment) not later than the date specified above.

You may return from your leave of absence prior to the above date; however, a minimum of two (2) weeks notice is required because a temporary replacement may be hired. If you do not expect to return to work until the above date, you must notify your supervisor at least one (1) week prior to return for verification.

Supervisor's Signature _____

I understand the above and have received a copy of this notification.

Employee's Signature _____

Distribution: Original – Human Resource, Copy - Employee and Supervisor