



Thunder Bay Regional  
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## REQUEST FOR TIME OFF

NAME \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

\_\_\_\_\_

DATE TIME OFF COMMENCES: \_\_\_\_\_

DATE DUE BACK TO WORK: \_\_\_\_\_

TOTAL NUMBER HOURS VACATION REQUESTED \_\_\_\_\_ # of Hours

TOTAL NUMBER LIEU DAYS/STATUTORY HOLIDAYS \_\_\_\_\_ # of Days

TOTAL NUMBER BANKED TIME HOURS REQUESTED \_\_\_\_\_ # of Hours

LEAVE WITHOUT PAY \_\_\_\_\_ # of Days

\_\_\_\_\_

COMMENTS & IDENTIFICATION OF ON-SITE COVERAGE:

\_\_\_\_\_  
EMPLOYEE/SCIENTIST SIGNATURE

\_\_\_\_\_  
MANAGER'S APPROVAL or  
ACKNOWLEDGEMENT

DATE \_\_\_\_\_

**DISTRIBUTION:** Signed form to be forwarded to Research Institute HR Department.