Saint Mary's University

Application for Leave, Overtime & Payment Request
(NSGEU 79 & Confidential Staff)

- COMPLETED FORM MUST BE SUBMITTED PRIOR TO PAYROLL CUT-OFF (REFER TO PAYROLL CUT OFF SCHEDULE FOR SPECIFIC DATES).

- EMPLOYEES ARE RESPONSIBLE TO ENSURE THEY HAVE SUFFICIENT LEAVE CREDITS. IF THERE ARE INSUFFICIENT LEAVE CREDITS, THE UNEARNED LEAVE WILL BE CONSIDERED AS ABSENCE WITHOUT PAY AND THE EMPLOYEE'S PAY WILL BE ADJUSTED ACCORDINGLY.

BANNER ID: **A**	DEPARTMENT:
LAST NAME:	FIRST NAME:

LEAVE REQUEST:

☐ SICK LEAVE   ☐ VACATION LEAVE   ☐ OVERTIME/LIEU TIME LEAVE

☐ BEREAVEMENT LEAVE   RELATIONSHIP: _____

☐ REQUEST FOR SPECIAL LEAVE   REASON: _____

Note: Special leave for a moving day will not be approved until new address and phone number are updated (i.e. through Employee Self Service or Employee Action Form).

PLEASE COMPLETE ALL SECTIONS : TOTAL NUMBER OF DAYS:_____ (TOTAL HOURS:_____)

START DATE: _____   END DATE: _____   RETURN TO WORK: _____

☐ REQUEST FOR VACATION CARRY-OVER (NOT TO EXCEED 5 DAYS)

TOTAL NUMBER OF DAYS:_____ (TOTAL HOURS:_____)

OVERTIME RECORD/PAYMENT REQUEST:

OVERTIME WORKED – WEEK OF:	PAY PERIOD (OPTIONAL):

Day	Regular Hours		Overtime Hours		Total O/T Hours	Rate @ 1x, 1.5x or 2x
	From	To	From	To		
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						
Total Hours						

Details on Overtime (if required):

Request to Bank Time in Lieu: ☐
Number of Hours:

(limits as per Collective Agreement or Policy)

Request Payment: ☐
Number of Hours:

FOR DEPARTMENTAL USE ONLY:

Employee:	Date:
Supervisor:	Date:
Departmental:	Date:
FOAP (only required if different than home account):	

FOR HR & PAYROLL USE ONLY:

Total Hours to be Paid:	Processing Details:	Payroll Use Only:
_____ @ 1X + _____ @ 1.5X + _____ @ 2X = _____		☐ PHAHOUR
Total Hours to be Banked: _____	☐ Verified in PEALEAV	☐ PEALEAV
Stand By: $ ____	HR Signature: _____	