

CITY OF DRUMHELLER

POLICY #3-84

NOTIFICATION OF LEAVE FORMS

THE PURPOSE OF THIS POLICY IS TO:

ESTABLISH A UNIFORM STANDARD TYPE OF FORM TO BE USED BY ALL NON-UNION EMPLOYEES FOR ANY TYPE OF LEAVE OR ABSENCE FROM EMPLOYMENT.

POLICY STATEMENT

• NON-UNION STAFF ARE RESPONSIBLE FOR, AND REQUIRED TO NOTIFY THE ACCOUNTING DEPARTMENT, CONCERNING ABSENCE FROM EMPLOYMENT FOR VARIOUS REASONS. THIS IS NECESSARY IN ORDER TO ENABLE THE ACCOUNTING DEPARTMENT TO KEEP UP TO DATE RECORDS ON APPLICABLE ALLOWANCES FOR HOLIDAYS, SICK TIME AND OTHER TYPES OF LEAVE ACCRUED TO EVERY STAFF MEMBER.

Adopted by Council

Date April 16, 1984

1. The Notification of Leave Form on Page 2 of, and forming part of this Policy is officially recognized and adopted.
2. Notification of Leave Form is to be used by all non-union employees for the type of leave referred to on the Form and shall include attendance at seminars, conferences and other such types of meetings not specifically referred to.
3. During preparation of annual budgets, Department Heads will present a summary of conferences, meetings and seminars, proposed for attendance during the applicable budget year.

Cost estimates for such attendance will be included in such budgets for consideration and approval by Council during budget discussions.

It is understood that extraordinary circumstances will arise during the year which are not provided for in the budget and each such special case will be considered by the Management Committee, Mayor or Mayor and Council.

4. With the exception of sickness or sickness related leaves, all types of leave must be approved in advance by the Department Head, Supervisor, Mayor or Management Committee.
5. In the case of sickness, employees will be expected to complete the Form for signature by their supervisor as soon as they return to work.

CITY OF DRUMHELLER
NOTIFICATION OF LEAVE

NAME _____ DATE _____

TYPE OF ABSENCE: (check appropriate space)

ACCIDENT ON DUTY	<input type="checkbox"/>	SICKNESS - SELF	<input type="checkbox"/>
ACCIDENT OFF DUTY	<input type="checkbox"/>	SICKNESS IN FAMILY	<input type="checkbox"/>
DEATH IN FAMILY	<input type="checkbox"/>	UNEXCUSED - UNPAID	<input type="checkbox"/>
LEAVE-PAID (explain below)	<input type="checkbox"/>	VACATION	<input type="checkbox"/>
LEAVE-UNPAID (explain below)	<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

DATES AND TIMES OF ABSENCE: _____

SUPERVISOR'S APPROVAL _____

IF NOT APPROVED, STATE REASON: _____

PLEASE FORWARD TO PAYROLL DEPARTMENT, CITY HALL