ePAR: APPLICATION FOR
EXTENDED LEAVE OF ABSENCE WITHOUT PAY
(For Union and Administrative/Professional Employees Taking Personal Leave of Absence Without Pay Exceeding 20 Days)

SECTION A: To Be Completed By Employee

Employee Name: ______________________________________________________________

Department: _________________________________________________________________

Period of Requested Leave: FROM: ________________ TO: _______________________

Reason Detail:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: _________________________________ Date: ____________________________

SECTION B: To Be Completed By Supervisor/Department

Please initiate a Status Change ePAR by logging into myinfo.ca
For more information, click here for instructions