

## LEAVE REVIEW FORM

Employee Name	
Reason for Leave Review	Record #
☐ Termination ☐ Seasonal Lay ☐ Transfer within same pay office	ff
Leave review completed up to	
Ee's Last Working Day	DMMYYYY _ and Ee's SOS date
Leave Balances in Hours Annual Leave	<u> </u>
Sick Leave	
Special Leave	
Lieu Time	
Mandatory Leave	(only if employee is continuous)
Other leave	(stat days, periodic etc)
***Please attach your accrual sheets fron	People Soft as backup
documents used for the leave review a processing.  Seasonal Layoff – if negative leave bala at seasonal layoff. Please provide dates f with the reconciliation documents used f processing.  Leave of Absence – if negative leave employee) they must be recovered at tim hours. Attach this document along with forward to HR Client Services for processin  Transfer within same pay office – department, however lieu time is normally	negative leave balances they will transfer to the new paid out prior to the transfer to the new department unless
arrangements have been made to tran	fer those hours. Attach this document along with the ereview and forward to HR Client Services for processing.
employee's final pay. Please provide dates	e are negative leave balances, they must be recovered on for the recovery of these hours. Attach this form along with ave review and the leave file and forward to HR Client
Leave Review completed by:	
Leave	Date
 Benefi	 Date