REQUEST FOR TIME OFF WORK

Northwest Territories

Employee ID No.:
Employee Record No.:

EMPLOYEE - *Application For Leave*

Last Name	First Name	Initial

Department	Division	Date - *Day/Month/Year*

Date and Time Leave Starts and Ends

Leave Type Leave Codes listed on back	-- FROM --				-- TO --				Total Hours	Credit Verification	
	Day	Month	Year	Time (2400)	Day	Month	Year	Time (2400)		Hours	As of Date - *Day/Month/Year*

Verifier	Date - *Day/Month/Year*

Explanation/ Comments:

_____

_____

I hereby request that leave be granted to me for the reason indicated. In requesting leave due to sickness, I hereby certify, on my honour, that I was unable to perform the duties of my position during the requested period of absence.

_____
Employee's Signature

AUTHORIZATION - *For Time Off Work*

☐ Approved   ☐ With Pay   ☐ Without Pay

☐ Not Approved

_____ |
Signature of Approval   Date - *Day/Month/Year*

Comments (if applicable):

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Checklist: **T & L Data Updated**   ☐

JD Record Entered for Return to Work   ☐

NWT4483/0801

_____ |
Data Entered By   Date - *Day/Month/Year*

Leave Codes Used for Periods of Leave < 20 Days

Leave Codes	Description
S02	Adoption of Child
A01	Annual Leave Taken
SV1	Arctic winter Games
S10	Bad Weather
CB4	Banked Call Back Taken
S01	Birth of CHild
SV2	Canada Games
CA3	Casual Time - Checkups
CA2	Casual time - Recurring Medical
CA1	Casual Time - Special / Unusual Circumstances
CV2	Civic Leave No Pay
CV1	Civic Leave with Pay
S11	Community Emergency
CL2	Compensatory Leave Taken
CO2	Court Leave - Witness
CO1	Court Leave Jury Duty
S06	Death in Family - Other
S05	Death in Immediate Family
S07	Discretionary
EM1	Emergency Leave with Pay
EM2	Emergency Leave without Pay
S09	Household Emergency
S03	Illness in Family
ID1	Injury on Duty with Pay

Leave Codes	Description
ID2	Injury on Duty without Pay
LT2	Lieu Hours Taken
L07	LWOP - Mandatory
L04	LWOP - Sick
S04	Marriage
S12	NWTTA Discretionary
SV3	Other Events
SB3	Parental Leave @ 93 % Salary
SB4	Parental Leave Without Pay
PE2	Periodic Leave Taken
L03	PLWOP - Spouse Relocation
L01	PLWOP < 3 Months @ Single Deductions
L08	PLWOP > 3 Months @ Single Deductions
L02	PLWOP > 3 Months @ Double Deductions
PD1	Professional Development Days
S08	Quarantine
REG	Regular
SL2	Sick Leave with Medical Certificate
SL1	Sick Leave without Medical Certificate
SH2	Statutory Holiday (Regular Shift)
SHE	Statutory Holiday Banked
UNION	Time off for Union Business
S13	Value to Public Service
WO1	Winter Bonus

Data Entry Purposes Only - Action / Reasons

Action	Reason	Description
LOA	ALV	Adoption Leave
PLA	ALS	Adoption Leave Sub Plan
PLA	DSL	Deferred Salary Leave
LOA	EDU	Education Leave No Pay
PLA	ELW	Education Leave With Pay
LOA	IDN	Injury on duty No Pay
PLA	IOD	Injury on duty with Pay
LTD	LTD	Long Term Disability with Pay
LOA	MAT	Maternity Leave No Pay
PLA	MTS	Maternity Leave Sub Plan
PLA	MAT	Maternity / Paternity
LOA	PL<	PLWOP = < 3 months
LOA	PL>	PLWOP > 3 months
PLA	LAY	Retirement Leave - Layoff
PLA	REO	Retirement Leave Over 65
PLA	REU	Retirement Leave Under 65

Action	Reason	Description
RFL	RAS	Return Adopt Leave / SubPlan
RFL	REN	Return - Ed Leave / No Pay
RFL	RFP	Return - PLWOP
RFL	RED	Return - Ed Leave Paid
RFL	RAL	Return from Adoption Leave
RFD	RFD	Return from Disability
REC	RSL	Return from Seasonal Layoff
RFL	RID	Return - Injury on Duty / No Pay
RFL	RSN	Return SLWOP
RFL	RDS	Return - Deferred Salary Leave
RFL	RIP	Return - Injury on Duty / Pay
RFL	RMS	Return - Mat Leave / Sub Plan
RFL	RMN	Return - Mat Leave No Pay
RFL	RSC	Return - Sick Leave / Certificate
PLA	SLC	Sick Leave with Certificate
LOA	SLN	Sick LWOP