

## REQUEST FOR DAY OFF OR SCHEDULE MODIFICATION

### EMPLOYEE IDENTIFICATION

Name:	Surname:	Employee number:
Employee's signature:		Date:

**A MINIMUM DELAY OF SEVEN (7) DAYS IS NECESSARY FOR A REQUEST FOR A DAY OFF OR SCHEDULE MODIFICATION. See instructions on reverse side.**

### REQUEST

Type of request	Date
<input type="checkbox"/> Statutory holiday; F# _____	
<input type="checkbox"/> Personal motive (malMP)	
<input type="checkbox"/> Vacation (vac)	From: To:
<input type="checkbox"/> Authorized unpaid absence (aanp)	
<input type="checkbox"/> Other:	

### SCHEDULE EXCHANGE

	Employee 1	Employee 2
Name:		
Employee number:		
Will work the:		
Signature:		

### NON AVAILABILITY

Shift	Date
<input type="checkbox"/> Night <input type="checkbox"/> Day <input type="checkbox"/> Evening	From: To:

### RESPONSE – reserved for the manager

<input type="checkbox"/> Accepted	Replacement required? : Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Refused	Note:
<input type="checkbox"/> Modified	
Date:	Manager's signature:

## INSTRUCTIONS

**Attention, the schedule modification forms received before or during the posting of the draft schedule will be processed after the requests listed on the draft schedules, according to the possibilities of replacement.** Before completing the form, please validate the posting dates of the draft schedules.

**A MINIMUM DELAY OF SEVEN (7) DAYS IS NECESSARY FOR A REQUEST FOR A DAY OFF OR A SCHEDULE MODIFICATION. THE ONLY EXCEPTIONS ARE REQUESTS FOR PERSONAL MOTIVES, WHICH REQUIRE A MINIMUM DELAY OF TWENTY-FOUR (24) HOURS.**

### IDENTIFICATION OF THE EMPLOYEE

Please write legibly your information such as your first and last name, employee number and the date that you are submitting your request.

### REQUEST

Check the box corresponding to the type of requested absences and the desired date:

- Statutory holiday: If desired, enter the statutory holiday number. A statutory holiday must be taken within four (4) weeks before or after the effective date of the holiday or banked if you are required to work on the statutory holiday.
- Personal motive: For full time employees only. Maximum of three (3) per year and taken from the sick leave bank. The sick leave bank must not be used up. A day is non-divisible.
- Vacation: Complete week from Sunday to Saturday or maximum of one week (5 days) split per year taken outside the normal period (June 1<sup>st</sup> to September 30<sup>th</sup>, except for the category personnel 3 – SQEES which is from May 15<sup>th</sup> to October 15<sup>th</sup>).
- Authorized unpaid absence: If no other leave is available and an absence is necessary.
- Other: Here are some examples of absences that may be included in this section:

Family responsibility (malFM)	Maximum of ten (10) days per year without pay, when the presence is specifically required for children or parents.
Sick leave (mal)	For example, for scheduled medical appointments.
Time owed (hrTC)	For worked overtime hours that were previously placed in the employees' bank.
Psychiatric/mobile leave (cpsy)	For full-time employees working in a psychiatric hospital center, wing or unit. On July 1st, a half day off for each month worked up to a maximum of five (5) days per year is accumulated.
Pregnancy related medical visit (vgros)	Maximum of four (4) days with pay, can be divided into half days. Medical note required.

### SCHEDULE EXCHANGE

The names, employee numbers and signatures of both employees must be present.

### NON AVAILABILITY

Please indicate the shift(s) and date(s) that you would like to be unavailable.