REQUEST RECORD FOR LEAVE FOR MEDICAL/DENTAL APPOINTMENTS
For Employees covered by the CUPE 116 Collective Agreement

NAME: ____________________________________________

In accordance with Article 17.03 of the Collective Agreement, I am requesting leave for a medical or dental appointment as follows (See Clarification below):

Date of Request: __________________________________
Appointment Date: ________________________________
Appointment Time: ________________________________
Time Leaving Work: ________________________________
Time Returning to Work: ____________________________
(If applicable)

Nature of Request:

☐ Routine Medical/Dental (to be submitted at least 5 working days in advance of your appointment)
  - to be used for a visit to your family doctor and/clinic or a dental checkup, cleaning, or minor dental procedure,
    routine treatment of Physiotherapy, Chiropractic, Registered Massage Therapy

For routine appointments, have you made every reasonable attempt to schedule this appointment outside of work hours (See Clarification below for further information)?

☐ Yes ☐ No

☐ Specialist (to be submitted at least 5 working days in advance of your appointment, where possible)
  - to be used for a recognized medical/dental specialist (e.g. Cardiologist, Neurologist, Psychiatrist, Oral Surgeon)

☐ Emergency
  (although exempt from notice requirements, you are required to make every reasonable effort to notify the University that you will be late or sick)
  - to be used when you are reporting that time was missed from work due to a medical or dental emergency

SIGNED: ________________________________________ (To be filled out and signed by Employee)
TO BE FILLED OUT BY MANAGEMENT:

☐ Approved

☐ Denied

SIGNED: ___________________________ Date: ___________________________
(Manager's Signature)

*Manager must complete and return this form to the Employee within 2 days of its submission, detailing its approval or reason for denial

Reasons for Denial:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Clarification for when requesting leave for a Medical or Dental Appointment:

1. Employees who wish to apply for leave for a medical or dental appointment must fully and accurately complete this "Request Record for Leave for Medical Dental Appointments".

2. In the case of a routine or specialist appointment, the request must be submitted to your management supervisor at least five working days in advance of the appointment. Emergency appointments are exempt from this requirement. You are still required to make every reasonable effort to report to the University that you will be late or sick.

3. It is extremely important that you accurately identify on the request form whether the medical or dental appointment is for a routine, specialist or emergency appointment. The University is required to abide by different requirements depending upon the type of appointment that an employee has scheduled.

4. You must, in the case of a routine appointment, attempt to schedule your appointment outside of your regular hours of work. This requirement means that you must, when scheduling a routine appointment:
   a. ask for an appointment time that falls outside of your regular working hours;
   b. if it is not possible to schedule an appointment outside of working hours on a particular date, ask whether other dates are available (including weekends);
   c. if no appointments are available outside of working hours on any date, ask for an appointment that falls near the beginning or the end of your regularly scheduled shift.

5. You are not required to take these steps in the case of a specialist or an emergency appointment.

6. Employees do not have an absolute right to take one-half shift off per month in order to attend medical or dental appointments. However, employees do have the right to request leave for appointments when reasonably necessary.