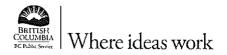


## LEAVE MANAGEMENT TRANSACTION

PLEASE TYPE OR PRINT CLEARLY					
PART 1 - EMPLOYEE					
EMPLOYEE LAST NAME	FIRST NAM	F	EMPLOYEE ID	DEPTID	
2012200.101112	, mor man	-	LIWIT EOTEL ID	DEFTID	
Dantaga navias	DIAL	l . `	- 00	1264 -	2044
<u>Pantazo poulos</u>	Dini	+/ C	s.22		$\frac{\mathcal{M}}{\mathcal{M}}$
MINISTRY/DIVISION/BRANCH		REGULAR HOURS PER DA			
	STAR	TTIME FINISHTIME TO	1 🖃	5 days per week	
IGRS				off every week	
				off every 2 weeks	
REGION/DISTRICT	1521	FULLTIME PART	nME 1 day	off every 3 weeks	
Vidoria	[E].	LOCE IIME LAND		, specify:	
EMPLOYEE CLASS			APPOINTMENT STA	TUS	
	PASES [ ]	oic		AUX (WITH BENEFITS)	STAT
i			REG (LESS THAN	AUX (WITHOUT	└─ TERM
MGMT, EXCL. SCHEDULE A SA	L. PHYSICIANS	OTHER:	SIX MONTHS	BENEFITS)	
A. DESCRIPTION OF LEAVE		FROM YYYY / MM / DD	TO YYYY / MM / DD	NUMBER OF WORK	NUMBER
	MODIFIED DAYS OFF THIS PERIOD	YYYY / MM / DD	YYYY / MM / DD	HOURS ABSENT	OF DAYS
	, Lines				
L. The second of					
					1
LWOP		2012/08/24	2013/05/14	l	1
		100,00,00,00	0015/00/1	**************************************	
				-	
If requesting leave per references indicated	YYYY / MM / DD	DETAILS OF LEAVE REQUE	ST		
on reverse, please provide applicable					
date(s) and details of leave request					
B. SHORT TERM ILLNESS AND INJURY PLAN B	ENEFIT (STIIP)	FROM	то	NUMBER OF WORK	NUMBER
If continuous,	YYYY / MM / ĐĐ	YYYY / MM / DD	YYYY / MM / DD	HOURS ABSENT	OF DAYS
MODIFIED DAYS indicate first					
OFF THIS PERIOD day of illness				1	
		<u> </u>		1	1
Is this absence a result of a motor vehicle accident	dent? 🗌 YES	□ NO			
Do you wish to supplement STIIP?	NO				
1/ A/O / 1 / A/ 1 · 1/ · · · · · · · · · · · · · · · ·			<del></del>		
If NO (or left blank), you will receive a 75% benefit.	, ,	•		pplementary Great o	niy.
If YES, tick one box only. Banks will be used in ord				Lorono	CD HOUDS
Your choice is irrevocable for this transaction. Pleas	e note that STIIP absen	ices may affect your annu		11.	VED HOURS
SICK CTO ETO			DC   /c	ACATION Excluding	
BANK LICIO	7	rurchased) $\Box$ (		served hours)	
EMBI OVEETO	7			DATE SIGNE	Ð
EMPLOYEE'S SIGNATURE ► 1   A TA	/ <b>&gt;</b> .			2 1777	MM DD
CICHATOTIE D   OCO   5				2012	0731
PART 2 - SUPERVISOR AND SPENDING/A	ADDITIONAL AUTHO	DRITY			
/	E NO./COMPONENT				_
APPROVED WITH PAY	E NO./COMPONENT	DOCTOR'S CE	RTIFICATE REQUIRED?	YES NO	RECEIVED
NOT APPROVED WITHOUT PAY		WCR ARREON	/ED ABSENCE?	YES NO	
		WCB APPROX	ED ADSENCE!	☐ 1E9 ☐ NO	
SUPERVISOR/DESIGNATED AUTHORITY		SPENDING/ADDITIONA			
NAME - PLEASE PRINT TITLE		NAME - PLEASE PRINT		TITLE	
M 1 1 2 2 2 1	1,6 1,0	\\		}	
include Leaning Due			**************************************	DATE GIONE	
SIGNATURE - I certify that the requested leave is approve	DATE SIGNED Y	SIGNATURE		DATE SIGNE	U
in accordance With applicable leave provisions				1,	MA DO
in accordance with applicable leave provisions	1777				MM DO
M Car I		<b>,</b>   ▶			MM DD
Mekalo Lam	2012673			i 1	MM DO
M Car I		<b>│</b> ▶		I 1 L	MAM DO
PART 3 - PAYROLL USE ONLY FROM TO CO	2012073		COMMENTS / CALCUL	ATIONS	MM DO
PART 3 - PAYHOLL USE ONLY	2012073		COMMENTS / CALCUL	ATIONS	MM DD
PART 3 - PAYROLL USE ONLY FROM TO CO	2012073		COMMENTS / CALCUL	ATIONS	MM DO
PART 3 - PAYROLL USE ONLY FROM TO CO	2012073		COMMENTS / CALCUL	ATIONS	MM DO
PART 3 - PAYROLL USE ONLY FROM TO CO	2012073		COMMENTS / CALCUL	ATIONS	MM DO
PART 3 - PAYROLL USE ONLY FROM TO CO	2012073		COMMENTS / CALCUL	ATIONS	MM DO
PART 3 - PAYROLL USE ONLY FROM TO CO	2012073		COMMENTS / CALCUL	ATIONS	MM DO
PART 3 - PAYROLL USE ONLY FROM TO CO	2012073		COMMENTS / CALCUL	.ATIONS	MM DO
PART 3 - PAYROLL USE ONLY FROM TO CO	2012073		COMMENTS / CALCUL	.ATIONS	MM DO
PART 3 - PAYROLL USE ONLY FROM TO CO	2012073		COMMENTS / CALCUL	.ATIONS	MM DO
PART 3 - PAYROLL USE ONLY  FROM  YYYY  MM  DO  YYYY  TO  MM  DD  CO	2012073 DE HOURS		COMMENTS / CALCUL	ATIONS	MM DO
PART 3 - PAYROLL USE ONLY  FROM  YYYY MM DD YYYY MM DD CO	DE HOURS		COMMENTS / CALCUL	ATIONS	MM DO
PART 3 - PAYROLL USE ONLY  FROM  YYYY MM DD YYYYY MM DD CO  ON CYCLE PAY PERIOD END DATE  YYYY MM DD CHIPS BY	2012073 DE HOURS		COMMENTS / CALCUL	ATIONS	MM DO
PART 3 - PAYROLL USE ONLY  FROM  YYYY MM DD YYYY MM DD CO	DE HOURS		COMMENTS / CALCUL	ATIONS	MM DO



## LEAVE MANAGEMENT TRANSACTION

PLEASE TYPE OR PRINT CLEARLY						
PART 1 - EMPLOYEE						
EMPLOYEE LAST NAME	FIRST N	AME	EMPLOYEE ID	DEPTID		
Pantazonoulos	Din	ut.;	s.22	004-	M44	
MINISTRY/DIVISION/BRANCH		REGULAR HOURS PER I		TTERN	00 1	
IGRS	S	TART TIME   FINISH TIME   -		5 days per week off every week		
REGION/DISTRICT				1 day off every 2 weeks		
Victoria		FULL TIME PART		E 1 day off every 3 weeks Other, specify:		
EMPLOYEE CLASS  BCGEU  PEA  NU	IDODO	7 010	APPOINTMENT STA		CTAT	
- <b>湯</b>	JRSES AL. PHYSICIANS	_] OIC ☐ OTHER:	REG (LESS THAN SIX MONTHS	AUX (WITH BENEFITS) AUX (WITHOUT	STAT TERM	
A. DESCRIPTION OF LEAVE	MODIFIED DAYS OFF TH	IS   FROM   PYYY / MM / DD	TO YYYY / MM / DD	NUMBER OF WORK	NUMBER	
	PERIOD .	IS YYYY MM / DD	YYYY / MM / DD	HOURS ABSENT	OF DAYS	
					ļ	
_ LWOP	1	2012/08/24	2013/05/14			
		<del></del>	100/1			
If requesting leave per references indicated	, YYYY / MM / DD	DETAILS OF LEAVE REQU	leet .			
on reverse, please provide applicable	11117 KBN 7 BD	DETAILS OF CLAVE NEW	)E31			
date(s) and details of leave request  B. SHORT TERM ILLNESS AND INJURY PLAN B	BENEFIT (STIIP)	FROM	то	WINDER OF WORK		
If continuous,	00 / MM / YYYY	YYYY / MM / DD	YYYY / MM / DD	NUMBER OF WORK HOURS ABSENT	NUMBER OF DAYS	
MODIFIED DAYS OFF THIS PERIOD indicate first day of illness				}		
Is this absence a result of a motor vehicle accid	dent? [] YES	□NO		<u> </u>		
Do you wish to supplement STIIP? YES	□ NO					
If NO (or left blank), you will receive a 75% benefit. I	Excluded employees v	who select this option will u	tilize their Excluded Sur	oplementary Czedit o	ากไข	
If YES, tick one box only. Banks will be used in order	er left to right, up to a	nd including the box ticked.	(See reverse)	-	-	
Your choice is irrevocable for this transaction. Pleas	e note that STIP abs		EBE VA	ACATION	VED HOURS	
BANK	7		/FARMED) L. (F	xcluding served hours)		
EMPLOYEE'S SIGNATURE	<b>/</b> >.			DATE SIGNE	MM DD	
PART 2 - SUPERVISOR AND SPENDING/A	ADDITIONAL AUT	HODITY		2012	0731	
/	E NO./COMPONENT	,	EDTIFICATE DEGLEGEDO			
NOT APPROVED WITHOUT PAY			ERTIFICATE REQUIRED? VED ABSENCE?	☐YES ☐NO [ ☐YES ☐NO	RECEIVED	
SUPERVISOR/DESIGNATED AUTHORITY	· · · · · · · · · · · · · · · · · · ·		AL REQUIRED AUTHORII			
NAME - PLEASE PRINT TITLE		NAME - PLEASE PRINT	r	TITLE		
SIGNATURE - Lecrify that the requested leave is approve	ter Expertuel	SIGNATURE	)yble	DM & WE	MIG (	
in accordance with applicable leave provisions		DD GIGHATORE	. `)	YYYY	MM DD	
► Hekalo dainy	2012073	11 > 1/0 ( (	(15	Boila	P.08.0	
PART 3 - PAYHOLL USE ONLY		ŧ				
YYYY MM DD YYYY MM DD COI	DE HOURS		COMMENTS / CALCUL	ATIONS		
		i	79 WH			
		V-/46-11		P and has of high has after		
				***************************************		
	<u>.   .</u> .   .					
ON CYCLE PAY PERIOD END DATE ENTERED INTO CHIPS BY	DATE ENTERED MM	DD				
OFF CYCLE		4.		-		
BCPSA 3 Rev 2007 / 6 / 14	Original: 1	Payroll Office Con	/ Branch / Employee			

Dimitri Pantazopoulos Assistant Deputy Minister, Trade and Federal-Provincial Relations Intergovernmental Relations Secretariat / Office of the Premier

July 30, 2012
John Dyble Deputy Minister to the Premier Office of the Premier of British Columbia
Dear Mr. Dyble:
As discussed, I would hereby request an unpaid leave of absence from my current position.
s.22
s.22 I would begin an unpaid leave of absence until May 15, 2013.
Please inform me as to any further paperwork or procedures that need to be completed to effect this leave.
Thank you,
Dimitri Pantazopoulos
cc.
Pierrette Maranda
Ken Boessenkool

## E-mail Message

From: Leamy, Michelle T PREM:EX

[EX:/O=BCGOVT/OU=VICTORIA1/CN=LEGISLATIVE

PRECINCT/CN=MTLEAMY]

To: Der, Connie PSA:EX [SMTP:Connie.Der@gov.bc.ca]

Cc:

**Sent:** 2012-08-09 at 4:56 PM **Received:** 2012-08-09 at 4:56 PM

Subject: Leave Form

Hi Connie - Dimitri's leave form signed by John for your files. When you are back, could you please check and confirm that the leave starting on August 24 has been entered centrally. Thanks so much. m