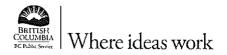# LEAVE MANAGEMENT TRANSACTION

PLEASE TYPE OR PRINT CLEARLY

PART 1 – EMPLOYEE

EMPLOYEE LAST NAME	FIRST NAME	EMPLOYEE ID	DEPT ID
Pantazopoulos	Dimitri	s.22	004-0044

MINISTRY/DIVISION/BRANCH

IGRS

REGION/DISTRICT

Victoria

REGULAR HOURS PER DAY

START TIME	FINISH TIME	TOTAL HOURS
		7

[X] FULL TIME [ ] PART TIME

WORK PATTERN
[X] Work 5 days per week
[ ] 1 day off every week
[ ] 1 day off every 2 weeks
[ ] 1 day off every 3 weeks
[ ] Other, *specify:*

EMPLOYEE CLASS
[ ] BCGEU
[X] MGMT. EXCL.
[ ] PEA
[ ] SCHEDULE A
[ ] NURSES
[ ] SAL. PHYSICIANS
[ ] OIC
[ ] OTHER:

APPOINTMENT STATUS
[X] REG
[ ] REG (LESS THAN SIX MONTHS)
[ ] AUX (WITH BENEFITS)
[ ] AUX (WITHOUT BENEFITS)
[ ] STAT TERM

A. DESCRIPTION OF LEAVE

	MODIFIED DAYS OFF THIS PERIOD	FROM YYYY / MM / DD	TO YYYY / MM / DD	NUMBER OF WORK HOURS ABSENT	NUMBER OF DAYS
LWOP		2012/08/24	2013/05/14		

If requesting leave per references indicated on reverse, please provide applicable date(s) and details of leave request

YYYY / MM / DD

DETAILS OF LEAVE REQUEST

B. SHORT TERM ILLNESS AND INJURY PLAN BENEFIT (STIIP)

MODIFIED DAYS OFF THIS PERIOD	If continuous, indicate first day of illness	FROM YYYY / MM / DD	TO YYYY / MM / DD	NUMBER OF WORK HOURS ABSENT	NUMBER OF DAYS

Is this absence a result of a motor vehicle accident?   [ ] YES   [ ] NO

Do you wish to supplement STIIP?   [ ] YES   [ ] NO

If *NO (or left blank)*, you will receive a 75% benefit. Excluded employees who select this option will utilize their Excluded Supplementary Credit only.

If *YES*, tick one box only. Banks will be used in order left to right, up to and including the box ticked. (*See reverse*)
Your choice is irrevocable for this transaction. Please note that STIIP absences may affect your annual vacation entitlement.

[ ] SICK BANK	[ ] CTO	[ ] ETO	[ ] OSB/OSS	[ ] EBU (PURCHASED)	[ ] EBE (EARNED)	[ ] VACATION (Excluding reserved hours)	RESERVED HOURS

EMPLOYEE'S SIGNATURE ▶	DATE SIGNED YYYY MM DD
D Pantz	2012 07 31

PART 2 – SUPERVISOR AND SPENDING/ADDITIONAL AUTHORITY

[X] APPROVED   [ ] WITH PAY
[ ] NOT APPROVED   [X] WITHOUT PAY

ARTICLE NO./COMPONENT

DOCTOR'S CERTIFICATE REQUIRED? [ ] YES [ ] NO [ ] RECEIVED
WCB APPROVED ABSENCE? [ ] YES [ ] NO

SUPERVISOR/DESIGNATED AUTHORITY NAME – *PLEASE PRINT*	TITLE	SPENDING/ADDITIONAL REQUIRED AUTHORITY NAME – *PLEASE PRINT*	TITLE
Michelle Leamy	Director Executive Operations		

SIGNATURE – I certify that the requested leave is approved in accordance with applicable leave provisions	DATE SIGNED YYYY MM DD	SIGNATURE	DATE SIGNED YYYY MM DD
▶ Michelle Leamy	2012 07 31	▶	

PART 3 – PAYROLL USE ONLY

FROM YYYY MM DD	TO YYYY MM DD	CODE	HOURS	COMMENTS / CALCULATIONS

[ ] ON CYCLE   [ ] OFF CYCLE

PAY PERIOD END DATE YYYY MM DD	ENTERED INTO CHIPS BY	DATE ENTERED YYYY MM DD

Where ideas work

PLEASE TYPE OR PRINT CLEARLY

PART 1 – EMPLOYEE

EMPLOYEE LAST NAME	FIRST NAME	EMPLOYEE ID	DEPT ID
Pantazopoulos	Dimitri	s.22	004-0044

MINISTRY/DIVISION/BRANCH

IGRS

REGION/DISTRICT

Victoria

REGULAR HOURS PER DAY			WORK PATTERN
START TIME	FINISH TIME	TOTAL HOURS	[X] Work 5 days per week
		7	[ ] 1 day off every week
			[ ] 1 day off every 2 weeks
[X] FULL TIME [ ] PART TIME			[ ] 1 day off every 3 weeks
			[ ] Other, specify:

EMPLOYEE CLASS

[ ] BCGEU   [ ] PEA   [ ] NURSES   [ ] OIC
[X] MGMT. EXCL.   [ ] SCHEDULE A   [ ] SAL. PHYSICIANS   [ ] OTHER:

APPOINTMENT STATUS

[X] REG   [ ] AUX (WITH BENEFITS)   [ ] STAT TERM
[ ] REG (LESS THAN SIX MONTHS)   [ ] AUX (WITHOUT BENEFITS)

A. DESCRIPTION OF LEAVE

	MODIFIED DAYS OFF THIS PERIOD	FROM YYYY / MM / DD	TO YYYY / MM / DD	NUMBER OF WORK HOURS ABSENT	NUMBER OF DAYS
LWOP		2012/08/24	2013/05/14		

If requesting leave per references indicated on reverse, please provide applicable date(s) and details of leave request

YYYY / MM / DD   DETAILS OF LEAVE REQUEST

B. SHORT TERM ILLNESS AND INJURY PLAN BENEFIT (STIIP)

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Your choice is irrevocable for this transaction. Please note that STIIP absences may affect your annual vacation entitlement.

RESERVED HOURS

[ ] SICK BANK   [ ] CTO   [ ] ETO   [ ] OSB/OSS   [ ] EBU (PURCHASED)   [ ] EBE (EARNED)   [ ] VACATION (Excluding reserved hours)

EMPLOYEE'S SIGNATURE ▶ *D Panta S.*

DATE SIGNED   YYYY 2012 MM 07 DD 31

PART 2 – SUPERVISOR AND SPENDING/ADDITIONAL AUTHORITY

[✓] APPROVED   [ ] WITH PAY
[ ] NOT APPROVED   [✓] WITHOUT PAY

ARTICLE NO./COMPONENT

DOCTOR'S CERTIFICATE REQUIRED? [ ] YES [ ] NO [ ] RECEIVED
WCB APPROVED ABSENCE? [ ] YES [ ] NO

SUPERVISOR/DESIGNATED AUTHORITY
NAME – PLEASE PRINT   Michelle Leamy
TITLE   Director Executive Operations

SIGNATURE – I certify that the requested leave is approved ▶ *Michelle Leamy*
DATE SIGNED   YYYY 2012 MM 07 DD 31

SPENDING/ADDITIONAL REQUIRED AUTHORITY
NAME – PLEASE PRINT   John Dyble
TITLE   DM to Premier

SIGNATURE ▶
DATE SIGNED   YYYY 2012 MM 08 DD 9

PART 3 – PAYROLL USE ONLY

FROM YYYY MM DD	TO YYYY MM DD	CODE	HOURS	COMMENTS / CALCULATIONS

[ ] ON CYCLE   [ ] OFF CYCLE

PAY PERIOD END DATE YYYY MM DD   ENTERED INTO CHIPS BY   DATE ENTERED YYYY MM DD

BCPSA 3   Rev. 2007 / 6 / 14   Original: Payroll Office   Copy: 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