

NOTICE OF ABSENCE
NOTICE OF ABSENCE

I (full name-PLEASE PRINT) _____ am **NOT** able to attend my volunteer shift(s) for the following program(s): One All

Program Area & Position(s): _____

Start Date of Leave : _____ **Returning date (first shift back):** _____

List Single Dates: _____

I am/was not able to attend because: _____

If you were away because of illness or an emergency, please complete this form on your next volunteer shift.

I **have** already notified my Program Leader: _____

have not yet notified, but will (you must also notify your Program Leader as soon as you know)

Absences exceeding 3 weeks:

- Need to be discussed with Volunteer Resources or your Program Leader before the start of your leave. *Give as much notice as possible.* In some cases we may not be able to hold your placement for an extended period.
- All hospital property (id, program tags, parking pass, uniforms/smocks) must be returned to Volunteer Resources on your last day. Before your first shift back from leave, contact us at (604) 588-3381 for items to be returned to you.

Comments:

Date Submitted:

Volunteer Signature:

d/m/y:

Phone: ()

Submit completed forms to SMH & JPOCSC Volunteer Resources.

****Mailbox available outside SMH main office for drop-offs
(uniforms will fit in mail-slot also) or at JPOCSC in volunteer lounge
Fax: (604) 585-5669 or e-mail: volunteer.smh@fraserhealth.ca.**

OFFICE USE ONLY:

Date Received: _____ Copy to: _____

Comments: