

LEAVE OF ABSENCE REQUEST

Employee Name: _____ School: _____
(Please print)

Position: _____ Percentage worked _____ (Regular/Term) Years of service _____

I request permission to be absent for the purpose of (please ✓ applicable) Leave of absence
Extension of leave of absence

Please complete the following:	# of days	FROM: (First day absent)	TO: (Last day absent)	DIVISION USE ONLY Date revised
1. Maternity/parental/adoptive leave				
2. Leave of absence (over 5 days, no longer than 1 year)				
3. Special leave of absence (up to 5 days)				
4. Religious holy days (maximum 3 days per annum)				
5. Bereavement leave				
6. Medical leave (over 5 days)				
7. Association / union leave				
8. Other _____				

REASON FOR LEAVE: _____

Date _____ 20 _____ Employee's signature _____

SCHOOL ADMINISTRATOR/DEPARTMENT USE ONLY: Recommended Not recommended

COMMENTS: _____

Date _____ 20 _____ Principal's/director's signature _____

Replacement: Required Not required

*Form to be submitted to the division office when completed and signed by the employee and/or the administrator.
Applicable documentation (i.e. medical notes, subpoenas /summons, etc.) should be submitted when available.*

DIVISION OFFICE USE ONLY: Approved Disapproved

Previous leave(s) granted: Effective date _____ End date _____ Purpose of leave _____
Effective date _____ End date _____ Purpose of leave _____

COMMENTS: _____

<p>DEDUCTIONS FOR THIS ABSENCE:</p> <p>_____ DAY(S), LOSE PAY & BENEFITS</p> <p>_____ DAY(S), REPLACEMENT COST</p> <p>_____ DAY(S), RECEIVE FULL PAY</p> <p>_____ OTHER _____</p>	<p>MAINTENANCE DEPARTMENT USE:</p> <p>_____ HOURS, LOSE PAY & BENEFITS</p> <p>_____ HOURS, RECEIVE FULL PAY</p> <p>_____ HOURS, OTHER _____</p>
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DATE _____ 20 _____ AUTHORIZED BY _____

Board meeting approval date _____ 20 _____

Distribution: Employee Principal/Director Payroll Department HR Department
Personnel File Sub Clerk Association/Union Personnel Committee