

## 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><b>DEDUCTIONS FOR THIS ABSENCE:</b></p> <p>_____ DAY(S), LOSE PAY &amp; BENEFITS</p> <p>_____ DAY(S), REPLACEMENT COST</p> <p>_____ DAY(S), RECEIVE FULL PAY</p> <p>_____ OTHER _____</p>	<p><b>MAINTENANCE DEPARTMENT USE:</b></p> <p>_____ HOURS, LOSE PAY &amp; BENEFITS</p> <p>_____ HOURS, RECEIVE FULL PAY</p> <p>_____ HOURS, OTHER _____</p>
--	--

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