



# REQUEST FOR LEAVE

*all staff members use this form*

submit to:  
superintendent of Human  
Resources

## Leave Information

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_

Substitute Required:

YES  NO

Name of sub (if required)

Today's date:

### Type of Leave Requested:

#### SUPPORT STAFF:

- |  |   |
|--|---|
| <input type="checkbox"/> Bereavement         | <input type="checkbox"/> Pressing matters (2) |
| <input type="checkbox"/> Compassionate (5)   | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> General / Other     | <input type="checkbox"/> Union Leave          |
| <input type="checkbox"/> Jury / Witness Duty | <input type="checkbox"/> Vacation             |
| <input type="checkbox"/> Negotiation Leave   |   |

\* Reference the CUPE 4875 Agreement (or Administrative guidelines for non-unionized employees)

Date(s) of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_ Total days: \_\_\_\_\_

Reason for Absence (Please provide detail in support of leave request referenced above):

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Wherever possible, you must submit requests for leave two weeks prior to the first day you will be absent. **Please reference the appropriate Collective Agreement Clause or applicable school division guidelines when applying for and approving leaves.**

Employee Signature \_\_\_\_\_

\_\_\_\_\_ Date

## APPROVAL

Director of Education (where necessary)	Superintendent of Human Resources (where necessary)	Superintendent of Schools (where necessary)	Immediate (School) Supervisor
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Comments:	Comments:	Comments:	Comments:
Director's signature & date:	Superintendent of HR Signature & date:	Superintendent of Schools Signature & date:	Immediate Supervisor Signature & date:

**This form is to be sent by the Immediate Supervisor to the Division Office for distribution and final authorization** (where necessary)