

EMPLOYEE FIRST NAME: \_\_\_\_\_

LAST NAME \_\_\_\_\_

EMPLOYEE # \_\_\_\_\_

School District No. 52 (Prince Rupert)
LEAVE OF ABSENCE FORM FOR SUPPORT STAFF

DATE: \_\_\_\_\_ SCHOOL/SITE: \_\_\_\_\_ POSITION: \_\_\_\_\_

Permission is requested for a leave of absence for Total days absent: \_\_\_\_\_ OR Total Hours Absent: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

LEAVE TYPE

PLEASE CHECK APPROPRIATE BOX



Short Term:

- Banked Time ..... [ ] Art. 6 Sec. 3 (iv)
Bereavement Leave (details required) ..... [ ] Art. 8 Sec. 3
Funeral (details required) ..... [ ] Art. 8 Sec. 14
General Leave ..... [ ] Art. 8 Sec. 15
Illness of a family member (details required) ..... [ ] Art. 8 Sec. 13
Jury Duty (details required) ..... [ ] Art. 8 Sec. 4
Medical / Dental Appointment ..... [ ] Art. 8 Sec. 11 (b)
Medical referral to another municipality (Dr. note required) ..... [ ] Art. 8 Sec. 11 (a)
Other (details required) ..... [ ]
Personal Leave (details required) ..... [ ] Art. 8 Sec. 10
Sick ..... [ ] Art. 8 Sec 1
Union Business ..... [ ] Art. 8 Sec. 2
Vacation..... [ ] Art. 7 Sec. 1

Long Term

- Child Raising Leave (details required) ..... [ ] Art. 8 Sec. 9
Maternity / Pregnancy Leave (details required) ..... [ ] Art. 8 Sec. 5
Other (details required) ..... [ ]
Parental Leave (details required) ..... [ ] Art. 8 Sec. 6

Where applicable, cost of replacement will be charged to employee unless otherwise stated.

LEAVE DETAILS (where required, see above):
SUB REQUIRED: [ ] YES [ ] NO
DATES: \_\_\_\_\_
CHARGE TO: \_\_\_\_\_

Form must be received at the Board Office ONE WEEK PRIOR TO LEAVE (Bereavement, Sick & Family Illness excepted);

APPLICANT SIGNATURE
SUPERVISOR SIGNATURE (acknowledgement of leave request)
BOARD OFFICE USE ONLY
APPROVAL GRANTED: [ ] YES [ ] NO
DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NOTE: PLEASE NOTIFY SCHOOL BOARD (624-6717) IF YOU CANCEL OR DO NOT ATTEND YOUR APPROVED ACTIVITY
A COPY OF THE APPROVED FORM WILL BE RETURNED TO THE APPLICANT