

EMPLOYEE LAST NAME: _____

FIRST NAME _____

EMP. # _____

School District No. 52 (Prince Rupert)
LEAVE OF ABSENCE FORM FOR P/VP AND EXEMPT
(REQUIRED when requesting leave from assigned position other than for Professional Development)

DATE: _____ SCHOOL/SITE: _____ POSITION: _____

Permission is requested for a leave of absence for Total Days Absent: _____ OR Total Hours Absent: _____

Date(s) of Absence: _____

PLEASE CHECK APPROPRIATE BOX

LEAVE TYPE	EXEMPT	PRINCIPALS/VPS
Short Term:		
Professional Development -----		
Compensatory/Banked Time -----		n/a
Sick -----		
Medical-referral to another municipality (Doctor's note required) -----		
Medical-medical/dental appt. -----		
Illness of family member (details required) -----		
Bereavement (details required)-----		
Funeral (details required)-----		
Jury Duty (details required) -----		
Extra-curricular (details required) -----	n/a	
Board Initiated Travel (Harris & Co, Rural Schools, etc.)		
Vacation -----		
Personal -----	n/a	
Other (details required) -----		
Long Term:		
Annual/General (details required) -----		
Partial (details required) -----		
Maternity/Pregnancy (details required) -----		
Parental (details required) -----		
Childraising (details required) -----		
Other (details required) -----		

LEAVE DETAILS (where required, see above):	SUB REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
	DATES: _____
	CHARGE TO: _____

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

BOARD OFFICE USE ONLY	
APPLICANT SIGNATURE _____	APPROVAL GRANTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR SIGNATURE (acknowledgement of leave request) _____	NOTES: _____
	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