EMPLOYEE FIRST NAME: _____ **LAST 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:** ☐ 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

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

Revised August 2018