

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 (reason) [] 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 REASON / 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