

LEAVE REQUEST



Name Date of Request

Date/s of Leave Number of Days

Reason for Leave:

- 1 - Medical Certificate required if two or more days requested
- 2 - Submit request at least two weeks in advance

Teachers – Prov. Contract, TLNC		Support Staff – CUPE Local	
√	Reason	√	Reason
	Sick (Prov.) 1		Sick 1
	Medical – Self (Prov.) 1, 2		Medical – Self (10.2) 1, 2
	Medical – Family (11.3, 2 days) 1, 2 Relationship to Self:		Medical – Family (10.1) 1, 2 Relationship to Self:
	Personal (14.3, 2 days) 2		Personal (11.8, 2 days) 2
	Professional Development 2 Event:		Professional Development 2 Event:
	Compassionate (11.1, 2 days) Relationship to Self:		Compassionate (11.2, 5 days) Relationship to Self:
	Bereavement (12.1-12.4) Relationship to Self:		Union (11.3)
	Coaching, School Trip, School Business Event:		Coaching, School Trip, School Business Event:
	EDO (ROS) (15.1)		EDO (ROS) (13.8)
	Other:		Other:

Explanation (if required):	School Division Response (when Director/Board approval is required):
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Employee Signature

School Administrator Signature