Pembina Trails
School Division
Accomplish Anything

GDC-E
SUPPORT STAFF LEAVE OF ABSENCE REQUEST

Name: _____ Position Title: _____

School/Location: _____ Daily Hours: _____

Date(s) Requested: _____ ☐ A.M. ☐ P.M. Hours Absent: _____

_____ ☐ A.M. ☐ P.M. Hours Absent: _____

_____ ☐ A.M. ☐ P.M. Hours Absent: _____

Total Hours Absent: _____

Leave Description		
☐ Banked Time (as per Collective Agreement)	☐ Extra Curricular Recognition	☐ Workplace Safety
☐ Bereavement	☐ Family (illness/injury/medical)	☐ Other (please explain)
☐ Compassionate	☐ Jury Duty (please attach summons)	
☐ Court (please attach subpoena)	☐ Personal	
☐ Association/Union Leave	☐ Religious (submit by September 30)	

Nature of Request

Please provide relevant details in support of leave (i.e. **Bereavement** - for whom; **Religious** - name of Holy Day; **Family** - indicate family member and reason (illness, injury or medical appointment); **Other** - provide specifics).

Employee's Signature

My signature indicates that I am familiar with the Collective Agreement and make this request in adherence with the conditions for this leave.

Principal/Supervisor's Signature

*** A printed copy of this completed form requires a signature by both the employee and the supervisor and should then be submitted to the Human Resources Department. Thank you.**

Billing Information (if applicable): _____

For Administration Office Use Only			
Approved Date(s)		Total Hours Absent	
Collective Agreement		☐ With Pay	
Category/Article		☐ Without Pay	

Chief Human Resources Officer

c. Principal/Supervisor
Payroll