

Smart Find Job #:				
Name				
School			F.T.E.	
Date(s) Requested	/	Year	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Total Days Absent

A. LEAVE DESCRIPTION		
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Extra Curricular Recognition	<input type="checkbox"/> Religious <small>(submit by September 30 - Article 6.12)</small>
<input type="checkbox"/> Compassionate <small>(prior approval from Assistant Superintendent - HR required)</small>	<input type="checkbox"/> Family <small>(medical/max. 5 days - Article 6.6)</small>	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Compensatory Time <small>(high schools only)</small>	<input type="checkbox"/> Jury Duty <small>(please attach summons)</small>	
<input type="checkbox"/> Court <small>(please attach subpoena)</small>	<input type="checkbox"/> Birth of Child (Non-Birthing Parent) <small>(reg. school day/max.3 days - Article 6.9)</small>	

B. EDUCATIONAL LEAVES (half day)	
<input type="checkbox"/> Exam <small>(max. of 2 University exams during any school year)</small>	<input type="checkbox"/> Teacher's Own Convocation <small>(half day)</small>

**Nature of Request:** Please provide relevant details in support of leave (e.g. **Bereavement** - for whom; **Religious** - name of Holy Day; **Family** - indicate family member; **Other** - specifics of leave).

<b>Employee's Signature</b>	<b>Principal/Supervisor's Signature</b>

<input type="checkbox"/> Personal Leave <small>(No reason required as per Letter of Understanding in reference to Article 6.11 of the Collective Agreement)</small>	
<b>Employee's Signature</b>	<b>Principal/Supervisor's Signature</b>

For Administration Office Use Only			
Approved date(s) of leave		Total Days Absent	
		<input type="checkbox"/> With Pay	
Category/Article		<input type="checkbox"/> Without Pay	
Chief Human Resources Officer's Signature			

c. Principal/Supervisor  
Payroll