

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 (submit by September 30 - Article 6.12)
<input type="checkbox"/> Compassionate <small>(prior approval from Assistant Superintendent - HR required)</small>	<input type="checkbox"/> Family (medical/max. 5 days - Article 6.6)	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Compensatory Time (high schools only)	<input type="checkbox"/> Jury Duty (please attach summons)	
<input type="checkbox"/> Court (please attach subpoena)	<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 (max. of 2 University exams during any school year)	<input type="checkbox"/> Teacher's Own Convocation (half day)

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).

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #333; color: white;">Employee's Signature</th> </tr> <tr> <td style="height: 30px;"></td> </tr> </table>	Employee's Signature		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #333; color: white;">Principal/Supervisor's Signature</th> </tr> <tr> <td style="height: 30px;"></td> </tr> </table>	Principal/Supervisor's Signature	
Employee's Signature					
Principal/Supervisor's Signature					

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

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