

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 (prior approval from Assistant Superintendent - HR required)	<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) (reg. school day/max.3 days - Article 6.9)	

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).

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

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