

SmartFind Job#: _____		Substitute Name: _____ <small style="text-align: right;">*If confirmed/booked</small>	
Name			
School		Total Days Absent	
Date(s) Requested	Year	<input type="checkbox"/> A.M	<input type="checkbox"/> P.M.

A. LEAVE DESCRIPTION	
<input type="checkbox"/> Bereavement - Article 7.04 *Provide relation to you: _____	<input type="checkbox"/> Extra Curricular Recognition (ECR) - Article 6.04 *Must have GBLA preapproval to HR by Sept. 30 and ECR log by April 30. *Subject to the availability of a substitute. 50 hours=1 day, 25 hours = 0.5 day.
<input type="checkbox"/> Birth of Child (Non-Birthing Parent) - Article 7.05 (Max 2 days)	<input type="checkbox"/> Family Medical/Illness - Article 7.02 (Max 5 Days) *Provide relation to you: _____
<input type="checkbox"/> Compassionate - Article 7.04 Requires preapproval from Senior Admin in HR. Have you emailed the Chief Human Resources Officer? _____	<input type="checkbox"/> Jury Duty - Article 7.10 (Please attach summons). <input type="checkbox"/> Indigenous Cultural Leave - Article 7.09
<input type="checkbox"/> Compensatory Time - Article 6.05 and 6.06	<input type="checkbox"/> Personal Leave - Article 7.07 *Subject to the availability of a substitute.
<input type="checkbox"/> Court - Article 7.10 (Please attach subpoena).	<input type="checkbox"/> Religious - Article 7.08 *Provide name of Holy day: _____ (Submit form to HR by September 30).
<input type="checkbox"/> Exam - Article 7.11 (Max. of 2 days per year)	<input type="checkbox"/> Other:

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	
		Personal leave days left: _____	
Chief Human Resources Officer's Signature		Advise Payroll <input type="checkbox"/>	
One approved copy of this form will be scanned to the school.			