

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

<input type="checkbox"/> Banked Time (as per Collective Agreement)	<input type="checkbox"/> Extra Curricular Recognition	<input type="checkbox"/> Workplace Safety
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Family (illness/injury/medical)	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Compassionate	<input type="checkbox"/> Jury Duty (please attach summons)	_____ _____ _____
<input type="checkbox"/> Court (please attach subpoena)	<input type="checkbox"/> Personal	
<input type="checkbox"/> Association/Union Leave	<input type="checkbox"/> 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		<input type="checkbox"/> With Pay	
Category/Article		<input type="checkbox"/> Without Pay	

Chief Human Resources Officer

c. Principal/Supervisor
Payroll