



CONFIRMATION OF SPECIAL LEAVE

Applicant Information

Name _____

School/Location _____

Position _____

PLEASE NOTE THE SCHOOL YEAR AND CHECK THE APPLICABLE SECTION

YES, I will be taking Special Leave in the _____ school year.

NO, I will not be taking Special Leave in the _____ school year.

RETIREMENT ALLOWANCE

Teachers who retire at the end of the school year prior to the commencement of the Special Leave must submit a resignation retirement letter.

Confirm whether Special Leave is leading into retirement YES _____ NO _____

If YES indicate how you would like to receive the retirement allowance:

_____ Paid in full (discounted) less required deductions in September at the commencement of Special Leave.

_____ Twenty-four (24) semi-monthly payments.

Applicant's Signature _____ Date _____

Forward the completed form to the Human Resources Department via fax (204) 258-2068. Applications should print and retain the fax receipt for their records.

Adopted June 9-10, 2014		
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