



SPECIAL LEAVE APPLICATION FORM

A. PROCESS

1. Applicants for Special Leave are required to use this form.
2. The application must be submitted to the Human Resources Department **by January 15th** of the year prior to the leave being taken.
3. Confirmation of receipt of application shall be provided to the applicant within one (1) week of the application being received, and shall be copied to the Frontier Teachers' Association (F.T.A.) President, Area Superintendent, Principal, and School Committee.
4. Consideration and approval/denial of Special Leave will be as noted in the regulations.

Applicant/Employee Name _____

Current Assignment _____ School _____

Length of Service _____

REASONS FOR TAKING SPECIAL LEAVE (✓)

Professional Development Long Service Recognition Special Leave leading into Retirement

Please provide additional information: _____

ACKNOWLEDGEMENT AND SIGNATURES

This form must be signed by the teacher.

Teacher Signature _____ Date _____

This form must be signed by your Principal for acknowledgement purposes only.

Principal Signature _____ Date _____

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

Adopted September 1, 2009	Revised June 9-10, 2014	Revised October 23, 2017
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