



REQUEST FOR LEAVE

SCHOOL _____

TEACHER
 EDUCATIONAL ASSISTANT
 PENT STUDENT TEACHER
 SUPPORT STAFF

NAME (Print) _____ DATE _____

LEAVE FROM _____ TO _____ NO. OF DAYS ____ AM/PM

(Legend: WIP = With Pay, WOP = With Out Pay, COS = Cost of Substitute to Be Deducted)

Type of leave:	WIP	WOP	COS
BANKED OVERTIME			
BEREAVEMENT (INDICATE RELATIONSHIP)			
BIRTHING LEAVE (TEACHERS ONLY – REFER TO COLLECTIVE AGREEMENT)			
CO-CURRICULAR LEAVE (ATTACH ACTIVITIES REPORT)			
COMPASSIONATE LEAVE (PARTNER/(GRAND)CHILD/(GRAND)PARENT/SIBLING/IN-LAW)			
EDUCATIONAL/SPORTS TRIP			
EA DAY (REQUIRED 10 UNPAID DAYS/YEAR – EAs ONLY)			
FAMILY SICK (REFER TO POLICY OR COLLECTIVE AGREEMENT AS APPROPRIATE)			
IN LIEU OF (EASTER MONDAY, REMEMBRANCE DAY, ETC.)			
JURY DUTY			
LEAVE WITHOUT PAY			
MARKING ASSESSMENTS			
MEETING (SPECIFY TYPE)			
PERSONAL LEAVE			
POLITICAL LEAVE			
PROFESSIONAL LEARNING (ATTACH REGISTRATION)			
SICK (INCL. MEDICAL APPOINTMENTS)			
TRAVEL DAY (SUPPORT STAFF ONLY – MUST RECEIVE REMOTENESS TO BE ELIGIBLE)			
UNION BUSINESS <input type="checkbox"/> Bill MTS <input type="checkbox"/> Bill FTA <input type="checkbox"/> Bill USW			
VACATION			
IN-SCHOOL ACTIVITY (FOR SCHOOL USE ONLY, DO NOT SEND TO AREA OR DIVISION OFFICE)			

EMPLOYEE SIGNATURE

SUPERVISOR/PRINCIPAL SIGNATURE

COMMENTS

APPROVED

NOT APPROVED

DATE _____

AREA SUPERINTENDENT