



SUPPORT STAFF REQUEST FOR LEAVE

SCHOOL _____

EDUCATIONAL ASSISTANT

PENT STUDENT TEACHER

SUPPORT STAFF

NAME _____

DATE _____

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

(Legend: WIP = With Pay, WOP = With Out Pay)

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

EMPLOYEE _____

SUPERVISOR/PRINCIPAL _____

COMMENTS

APPROVED

NOT APPROVED

DATE _____

For internal use only
DO NOT send to Area Office or Human Resources