



## APPLICATION FOR LEAVE OF ABSENCE

**CUPE STAFF**

### PART A: COMPLETED BY THE EMPLOYEE

Employee Name: \_\_\_\_\_ Date(s) Requested: \_\_\_\_\_

Please mark the type of leave being requested: *(Note all long term leaves must be requested in writing to superintendent)*

- Bereavement – Article 4.02
- Dental (Family) – Article 10
- Dental (Employee) – Article 10
- General – Article 4.08
- Medical (Employee) – Article 10
- Medical (Family) – Article 10
- Sick (Employee) – Article 10
- Sick (Family) – Article 10
- Vacation – Article 9
- Other \_\_\_\_\_  
*(Please specify CA article)*
- CUPE – Provincial Business
- CUPE – Local Business
- CUPE – Liaison/Board
- Extra Time (No Absence)
- Occupational Health & Safety
- Professional Development
- IEP Release
- Extra-Curricular

Details/Explanation of leave: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART B: TO BE COMPLETED BY DIRECT SUPERVISOR

Date(s) Leave Approved for: \_\_\_\_\_

Name of Replacement (If required): \_\_\_\_\_ Absence Tracking Number \_\_\_\_\_

Charge Acct \_\_\_\_\_ **District Funds \_\_\_\_\_ School Funds \_\_\_\_\_ Accounts Receivable \_\_\_\_\_**

Additional Information by Supervisor: \_\_\_\_\_

Supervisor's signature of approval: \_\_\_\_\_

### PART C: DISTRICT APPROVAL

District Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Notes: \_\_\_\_\_

