



**APPLICATION FOR LEAVE OF ABSENCE**

**TEACHING 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 G12(7)
- Compassionate – Article G.12 (8)
- Dental (Family) – Article G12 (2)
- Dental (Employee) – Article G.12 (2)
- Discretionary – Article G12(9)
- Medical (Employee) – Article G 12(2)
- Medical (Family) – Article G.12 (2)
- Sick (Employee) - Article G.12(2)
- Sick (Family) – Article G.12 (2)
- Other \_\_\_\_\_  
*(please reference collective agreement Article)*
- ALTA Business
- ALTA Pro-D
- BCTF Business
- Occupational Health & Safety
- District Professional Learning **(please specify)**
- IEP Release
- New Teacher Orientation/Training
- Extra-Curricular
- Extra-Time/No Absence
- District Committee **(please specify)**

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): \_\_\_\_\_ Tracking Number \_\_\_\_\_

Charge Acct \_\_\_\_\_ 

District Funds	School Funds	Receivable
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Additional Information by Supervisor: \_\_\_\_\_

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

**PART C: DISTRICT APPROVAL**

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

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

