



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)*

- | | |
|---|---|
| <input type="radio"/> Bereavement – Article 4.02 | <input type="radio"/> CUPE – Provincial Business – Article 4.01 |
| <input type="radio"/> Emergency Response Personnel – Article 4.04 | <input type="radio"/> CUPE – Local Business – Article 4.01 |
| <input type="radio"/> Dental (Employee) – Article 10 | <input type="radio"/> CUPE – Liaison/Board – Article 4.01 |
| <input type="radio"/> General – Article 4.08 | <input type="radio"/> Extra Time (No Absence) |
| <input type="radio"/> Medical (Employee) - Article 10 | <input type="radio"/> Occupational Health & Safety |
| <input type="radio"/> Sick (Employee) – Article 10 | <input type="radio"/> CUPE Professional Development |
| Medical discretionary – Article 10.11 | <input type="radio"/> IEP Release |
| <input type="radio"/> Sick (Family) | <input type="radio"/> Extra-Curricular |
| <input type="radio"/> Medical Appointment (Family) | |
| <input type="radio"/> Dental (Family) | |
| <input type="radio"/> Vacation – Article 9 | |
| <input type="radio"/> Other _____ | |
- (please reference collective agreement Article if applicable and or provide details below)*

Details/Explanation of leave: _____

Employee Signature: _____ Date: _____

PART B: TO BE COMPLETED BY DIRECT SUPERVISOR

Name of Replacement (If required): _____ Absence Tracking Number _____

Charge Acct _____

District Funds _____	School Funds _____	Accounts Receivable _____
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Additional Information by Supervisor: _____

Supervisor's signature of approval: _____

PART C: DISTRICT APPROVAL

District Approval Signature: _____ Date: _____

District Notes: _____

