



SD10 SCHOOL DISTRICT 10 ARROW LAKES
World Class Learning in a Rural Environment

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="checkbox"/> Bereavement – Article 4.02 | <input type="checkbox"/> CUPE – Provincial Business – Article 4.01 |
| <input type="checkbox"/> Emergency Response Personnel – Article 4.04 | <input type="checkbox"/> CUPE – Local Business – Article 4.01 |
| <input type="checkbox"/> Dental (Employee) – Article 10 | <input type="checkbox"/> CUPE – Liaison/Board – Article 4.01 |
| <input type="checkbox"/> General – Article 4.08 | <input type="checkbox"/> Extra Time (No Absence) |
| <input type="checkbox"/> Medical (Employee) - Article 10 | <input type="checkbox"/> Occupational Health & Safety |
| <input type="checkbox"/> Sick (Employee) – Article 10 | <input type="checkbox"/> CUPE Professional Development |
| | <input type="checkbox"/> IEP Release |
| | <input type="checkbox"/> Extra-Curricular |

Family Responsibility Leave – Article 4.07

- Sick (Family)
- Medical Appointment (Family)
- Dental (Family)

Vacation – Article 9

Other _____

(please reference Collective Agreement Article if applicable and provide details below)

Details/Explanation of leave: _____

Employee Signature: _____ Date: _____

Note: By typing your name and submitting, you agree that this constitutes an electronic signature that is the legal equivalent to your manual signature.

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: _____
