



# APPLICATION FOR LEAVE OF ABSENCE TEACHING STAFF

**PART A: COMPLETED BY THE EMPLOYEE**

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

Employee #: \_\_\_\_\_ FTE absent: \_\_\_\_\_

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 G.12(7)<br><input type="checkbox"/> Compassionate – Article G.12 (8)<br><input type="checkbox"/> Dental (Employee) – Article G.12 (2)<br><input type="checkbox"/> Medical (Employee) – Article G.12(2)<br><input type="checkbox"/> Sick (Employee) - Article G.12(2)<br><input type="checkbox"/> Discretionary – Article G.12(9)<br><input type="checkbox"/> Other _____<br><i>(please reference collective agreement Article if applicable and or provide details below)</i><br><br><input type="checkbox"/> Medical (Family) – Article G.12 (2.1)<br><input type="checkbox"/> Sick (Family) – Article G.12 (2.1)<br><input type="checkbox"/> Dental (Family) – Article G12 (2.1) | <input type="checkbox"/> ALTA Business<br><input type="checkbox"/> ALTA Pro-D<br><input type="checkbox"/> BCTF Business<br><input type="checkbox"/> Occupational Health & Safety<br><input type="checkbox"/> Professional Development <i>(please specify)</i><br><input type="checkbox"/> IEP Release<br><input type="checkbox"/> New Teacher Orientation/Training<br><input type="checkbox"/> Extra-Curricular<br><input type="checkbox"/> Extra-Time/No Absence<br><input type="checkbox"/> District Professional Learning Teams <i>(please specify)</i><br><input type="checkbox"/> District Committee <i>(please specify)</i> |
|---|---|

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): \_\_\_\_\_ Replacement Employee #: \_\_\_\_\_

TTOC Replacement FTE required: \_\_\_\_\_ Tracking Number \_\_\_\_\_

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

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

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

**PART C: DISTRICT APPROVAL**

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

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

\_\_\_\_\_

**Call Out Notes:**

Date:	Time:	Person Called:	Response/Notes: