



# APPLICATION FOR LEAVE OF ABSENCE CUPE (Support Staff)

REVISED \_\_\_\_\_

## PART A: COMPLETED BY THE EMPLOYEE

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

Employee #: \_\_\_\_\_ School/Location: \_\_\_\_\_ Hours 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 4.02   | <input type="checkbox"/> CUPE – Provincial Business <i>(billed to CUPE Local)</i> – Article 4.01 |
| <input type="checkbox"/> General – Article 4.08   | <input type="checkbox"/> CUPE – Local Business <i>(billed to CUPE Local)</i> – Article 4.01      |
| <input type="checkbox"/> Dental (Employee) – Article 10   | <input type="checkbox"/> CUPE – Liaison/Board <i>(District paid)</i> – Article 4.01              |
| <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"/> Sick (Employee) – per ESA <i>(for those without sick accrual only)</i> | <input type="checkbox"/> Unique Needs (IEP Release)  |
| Medical discretionary – Article 10.10   | <input type="checkbox"/> Accounts Receivable   |
| <input type="checkbox"/> Sick (Family)  | <input type="checkbox"/> Other: _____<br><i>(please provide details below)</i>                   |
| <input type="checkbox"/> Medical Family   |  |
| <input type="checkbox"/> Dental (Family)  | <input type="checkbox"/> Extra: _____<br><i>(please provide details below)</i>                   |
| <input type="checkbox"/> Vacation – Article 9   |  |

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

\_\_\_\_\_  
\_\_\_\_\_

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

## PART B: TO BE COMPLETED BY DIRECT SUPERVISOR

Name of Replacement (If required): \_\_\_\_\_ Replacement Employee # \_\_\_\_\_

Replacement Hours Required: \_\_\_\_\_ Absence Tracking Number \_\_\_\_\_

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: \_\_\_\_\_

