



# APPLICATION FOR LEAVE OF ABSENCE Teaching Staff

REVISED \_\_\_\_\_

## PART A: COMPLETED BY THE EMPLOYEE

Employee Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Employee #: \_\_\_\_\_ School/Location: \_\_\_\_\_ FTE Absent: \_\_\_\_\_

Please mark the type of leave being requested: *(Note all long-term leaves must be requested in writing to superintendent)*

- Bereavement – Article G.4
- Discretionary – Article G.12 (9)
- Dental (Employee) – Article G.12 (2)
- Dental (Family) – Article G.12 (2)
- Medical (Employee) - Article G.12 (2)
- Medical (Family) – Article G.12 (2)
- Sick (Employee) – Article G.12(2)
- Sick (Family) – Article G.12 (2)
- Sick (TTOC) – ESA per Employment Standards
- ALTA Business *(replacement will be billed to ALTA)*
- ALTA Pro-D *(replacement will be billed to ALTA)*
- BCTF Business *(replacement must attach BCTF request notice)*
- Professional Development *(please specify)*
- Professional Development – AbEd *(please specify)*
- District Committee *(please specify)*
- District Committee – AbEd *(please specify)*
- Accounts Receivable
- Other: \_\_\_\_\_  
*(Please provide details below)*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## PART B: TO BE COMPLETED BY DIRECT SUPERVISOR

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

Replacement FTE 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: \_\_\_\_\_

**Call Out Notes:**

Date:	Time:	Person Called:	Response/Notes: