



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)*

- | | |
|---|--|
| <input type="checkbox"/> Bereavement – Article G.4 | <input type="checkbox"/> ALTA Business <i>(replacement costs will be billed to ALTA)</i> |
| <input type="checkbox"/> Discretionary – Article G.20 | <input type="checkbox"/> ALTA Pro-D <i>(replacement costs will be billed to ALTA)</i> |
| <input type="checkbox"/> Dental (Employee) – Article G.20 | <input type="checkbox"/> BCTF Business <i>(must attach BCTF request notice)</i> |
| <input type="checkbox"/> Dental (Family) – Article G.20 | <input type="checkbox"/> Professional Development <i>(please specify)</i> |
| <input type="checkbox"/> Medical (Employee) - Article G.20 | <input type="checkbox"/> Professional Development – IST <i>(Indigenous)</i> |
| <input type="checkbox"/> Medical (Family) – Article G.20 | <input type="checkbox"/> District Committee <i>(please specify)</i> |
| <input type="checkbox"/> Sick (Employee) – Article G.20 | <input type="checkbox"/> District Committee – IST <i>(Indigenous)</i> |
| <input type="checkbox"/> Sick (Family) – Article G.20 | <input type="checkbox"/> Accounts Receivable |
| <input type="checkbox"/> Sick (TTOC) – per Employment Standards | <input type="checkbox"/> Other: _____ <i>(Please provide details below)</i> |

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:

[illegible]