



TEACHER REQUEST FOR LEAVE

SCHOOL _____

NAME _____ DATE _____

LEAVE FROM _____ TO _____ NO. OF DAYS ____ AM/PM

(Legend: WIP = With Pay, WOP = With Out Pay, COS = Cost of Substitute to Be Deducted)

Type of leave:	WIP	WOP	COS
BEREAVEMENT (INDICATE RELATIONSHIP IN COMMENTS)			
BIRTH or ADOPTIVE LEAVE (REFER TO COLLECTIVE AGREEMENT)			
COMPASSIONATE LEAVE (INDICATE RELATIONSHIP IN COMMENTS)			
EDUCATIONAL/SPORTS TRIP			
EXAM			
EXTRA CURRICULAR			
INDIGENOUS CEREMONIAL, CULTURAL, SPIRITUAL OBSERVANCE (ICCS)			
JURY & WITNESS DUTY			
LEAVE WITHOUT PAY (NOT FOR INSTANCES OF ILLNESS)			
MARKING ASSESSMENTS			
MEETING (SPECIFY TYPE)			
ON THE JOB INJURY (COMPLETED ACCIDENT REPORT REQUIRED)			
PERSONAL LEAVE			
POLITICAL LEAVE			
PROFESSIONAL LEARNING (ATTACH REGISTRATION)			
RELIGIOUS HOLY LEAVE			
SICK (INCL. MEDICAL APPOINTMENTS)			
SICK FAMILY			
SICK – MEDICAL TRAVEL			
UNION BUSINESS <input type="checkbox"/> Association <input type="checkbox"/> Society			
IN-SCHOOL ACTIVITY (FOR SCHOOL USE ONLY, DO NOT SEND TO AREA OR DIVISION OFFICE)			

EMPLOYEE _____

SUPERVISOR/PRINCIPAL _____

COMMENTS

APPROVED

NOT APPROVED

DATE _____

 AREA SUPERINTENDENT