



Request for Leave of Absence

To be completed by EMPLOYEE:

*(Use when you are absent from your employment, e.g. sick, vacation, compassionate, jury duty)
NOT to be used for ProD*

Name of Employee: _____

Worksite: _____

Date(s) Requested: _____ Total Hours: _____

Type of Request: Paid Leave: Unpaid Leave: *(If teaching staff and a substitute is required, complete a TOC request form & submit to School Principal)*

If Paid, Indicate Type: Vacation: Banked Time: Sick/Medical: Other:

Details: _____

Employee Signature: _____ Date: _____

To be completed by SUPERVISOR / PRINCIPAL:

Leave Recommended: Yes No

Substitute Required: Yes No

Supervisor/Principal Signature: _____ Date: _____

To be completed by HUMAN RESOURCES DEPARTMENT, SBO Use only:

Verification for "Paid" leave hours:

Vacation: Banked Time: Sick Leave:

Hours Available as at: _____
Date Hours

Signature: _____

Approved: Paid Leave: Unpaid Leave:

Personnel: _____ Date: _____

Cc: Employee
Supervisor / Principal
Payroll
CUPE / HSTA
Personnel