



LEAVE REQUEST FORM - TEACHER

NAME: _____ **DATE:** _____ **20** _____

SCHOOL / DEPARTMENT: _____

Article 16.1 of the Central Terms

Child's illness

"The Board shall approve for permanent and long-term occasional teachers, a leave of absence for reasons other than personal illness or injury, under a provision of the 2008 – 2012 Collective Agreement or board practice and policies that were in effect during the 2008 – 2012 Collective Agreement that utilized deduction from sick leave, shall be granted without loss of salary or deduction from sick leave, to a maximum of five (5) days per school year.

The parties further acknowledge that the past practice in 2008 – 2012 for such usage was for unforeseen circumstances to attend to and take care of a child as a consequence of the child's illness."

Additional information: _____

ABSENCE from duties, on the following date:

TOTAL number of day(s) absent: _____

Employee's Signature

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THIS SECTION – FOR OFFICE USE ONLY

DATE: _____

Meets Criteria

Does Not Meet Criteria

REMARK(S): _____

Signature of Director / Designate

cc: Employee / Principal
Human Resources
Payroll