

REQUEST FOR SHORT TERM LEAVE OF ABSENCE ELEMENTARY LONG TERM OCCASIONAL TEACHERS

The employee is to complete his/her request on this form and submit it to their principal. The principal will retain one copy for reference and **forward two copies to the Manager of Human Resources for approval**. The original and a copy for the applicant will be returned to the principal showing decision.

- Bereavement Leave: Relationship _____
- Jury/Witness Duty
- Absent Without Pay
- Medical Appointment for Self (if recorded as SICK leave)
- Personal - **Please ensure that the following conditions are met before requesting personal days:**
 - you have worked a minimum of 10 days in your assignment.
 - your assignment is in excess of 40 days
 - Personal days are available as follows:

assignments in excess of 40 days = 1 day	assignments between 80 & 120 days = 2 days
assignments between 121 & 160 days = 3 days	assignments between 161 & 190 days = 4 days
assignments in excess of 190 days = 5 days	

Name _____ Employee ID# _____

Term of your LTO assignment:

From _____ to _____ Assignment FTE _____

School/Location _____

Date(s) Requested _____ Full Day AM PM
_____ Full Day AM PM

Reason for Leave _____

Principal's Supervisor's Comments _____

Date _____ Principal/Supervisor's Signature _____

APPROVAL SECTION - OFFICE USE

of Days Used to Date: _____

Request Approved Request Not Approved _____

Date _____

Manager of Human Resources Services