

REQUEST FOR SHORT TERM LEAVE OF ABSENCE SECONDARY 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 Day(s):
 - To be eligible, your assignment must extend beyond 40 school days
 - You may be granted up to a maximum of three (3) Personal days per school year for reasons which are unavoidable or extraordinary.
 - No more than two (2) Personal days may be taken in one semester.

Name _____ Employee ID# _____

Term of your LTO assignment:

From _____ to _____ Assignment FTE _____

School/Location _____

Date(s) Requested _____ Full Day .33 .67

_____ Full Day .33 .67

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