

# REQUEST FOR SHORT TERM LEAVE CONTRACT TEACHERS

Elementary Teaching Staff

Secondary Teaching Staff

Submit your completed request form to your principal. The principal will forward two copies to their Family of Schools Supervisor for approval. The original will be returned to the principal showing decision, with a copy forwarded to Human Resources Services.

Name \_\_\_\_\_ ID# \_\_\_\_\_

Location(s) \_\_\_\_\_ FTE \_\_\_\_\_  
(If at more than one location, please list both)

### TYPE OF LEAVE REQUESTED

- Personal: **Maximum 5 days** (includes FAMILY Leave)
- Medical Appointment for Self (if recorded as SICK leave)
- Jury/Summons Duty
- Parenting: **Maximum 5 days** (upon a birth or adoption)
- Bereavement/Compassionate
- Absent Without Pay
- Severe Weather
- Other: \_\_\_\_\_

### EMPLOYEES ARE RESPONSIBLE FOR TRACKING THEIR OWN PERSONAL DAYS.

For your personal leave balance up to 3 weeks in arrears, check your SDS Self-Serve account under 'Compensation' on the HR Website at <http://hr.limestone.on.ca>.

#### Elementary Staff

#### DATE(S) REQUESTED

#### Secondary Staff

- Full Day  AM  PM \_\_\_\_\_  Full Day  .33  .67
- Full Day  AM  PM \_\_\_\_\_  Full Day  .33  .67

Reason for Leave: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal/Supervisor's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Principal/Supervisor's Signature \_\_\_\_\_

### APPROVAL SECTION - OFFICE USE

- Request Approved - meets criteria. Pay deduction will occur if over 5 day maximum for Personal/Family.
- Request Approved with adjustment: \_\_\_\_\_ days with pay, \_\_\_\_\_ days without pay (code as LABSN in SDS)
- Request Not Approved

Date \_\_\_\_\_ Supervisory Officer's Signature \_\_\_\_\_

To payroll if without pay  SDS  Initial \_\_\_\_\_