



# 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