



LEAVE APPLICATION and APPROVAL

This form must be submitted to the Principal for all leaves
EXCEPT for unplanned day-to-day illnesses

All leaves up to 2 consecutive work days can be approved by the Principal. Principal in consultation with Superintendent and approval by School Council is required if 3 or more consecutive work days are applied for.

A. Staff Details	<input type="checkbox"/> Principal	<input type="checkbox"/> Support Staff	<input type="checkbox"/> Teacher
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Name		Telephone	
School		Cell	
Position		Email	@cispg.ca

B. Type of Leave

Please check all that apply.

<p>With pay</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bereavement <input type="checkbox"/> Convocation <input type="checkbox"/> Critical Illness <input type="checkbox"/> Discretionary Day <input type="checkbox"/> Jury Duty/Subpoena (must provide summons) <input type="checkbox"/> Parental/Adoption <input type="checkbox"/> Professional Development if out of town <input type="checkbox"/> Secondment <input type="checkbox"/> Teacher Exchange <input type="checkbox"/> Scheduled Medical appointment (Sick time) 	<p>Without Pay</p> <ul style="list-style-type: none"> <input type="checkbox"/> Compassionate Care <input type="checkbox"/> Court Appearances – Personal <input type="checkbox"/> Educational <input type="checkbox"/> Other: _____ <li style="padding-left: 20px;">(please specify) <input type="checkbox"/> Maternity/Parental/Adoption <p>_____</p> <p style="text-align: right;">Expected Birth/Adoption Date</p>
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C. Leave Details

Date From: _____ To: _____

Number of days: _____

Please provide other information and/or documentations that may be helpful

Employee Signature		Date	
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D. Leave Approval

Leave of up to 2 consecutive days approved by Principal Yes No

Leave of 3 or more consecutive days approved by School Council Yes No

If approved, paid Yes No

Comments: _____

Principal Signature		Date	
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