



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
Name		Telephone	
School		Cell	
Position		Email	@cispg.ca
B. Type of Leave			
Please check all that apply.			
With pay		Without Pay	
<input type="checkbox"/> Bereavement		<input type="checkbox"/> Compassionate Care	
<input type="checkbox"/> Convocation		<input type="checkbox"/> Court Appearances – Personal	
<input type="checkbox"/> Critical Illness		<input type="checkbox"/> Educational	
<input type="checkbox"/> Discretionary Day		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Jury Duty/Subpoena (must provide summons)		(please specify)	
<input type="checkbox"/> Parental/Adoption		<input type="checkbox"/> Maternity/Parental/Adoption	
<input type="checkbox"/> Professional Development if out of town		_____	
<input type="checkbox"/> Secondment		Expected Birth/Adoption Date	
<input type="checkbox"/> Teacher Exchange			
<input type="checkbox"/> Scheduled Medical appointment (Sick time)			
C. Leave Details			
Date From: _____ To: _____			
Number of days: _____			
Please provide other information and/or documentations that may be helpful			

Employee Signature		Date	
D. Leave Approval			
Leave of up to 2 consecutive days approved by Principal		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leave of 3 or more consecutive days approved by School Council		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If approved, paid		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: _____			

Principal Signature		Date	