



## 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 workdays can be approved by the Principal.

If 3 or more consecutive workdays are applied for, Principal must consult with Superintendent then seek School Council approval.

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>B. Type of Leave</b>				
Please check all that apply.				
<b>With pay</b>		<b>Without Pay</b>		
<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)		<b>(please specify)</b>		
<input type="checkbox"/> Parental/Adoption		<input type="checkbox"/> Maternity/Parental/Adoption		
<input type="checkbox"/> Professional Development if out of town		Expected Birth/Adoption Date _____		
<input type="checkbox"/> Secondment				
<input type="checkbox"/> Teacher Exchange				
<input type="checkbox"/> Scheduled Medical appointment (Sick time)				
<b>C. Leave Details</b>				
Date From: _____ To: _____				
Number of days: _____				
Please provide other information and/or documentations that may be helpful				
_____ _____				
Employee Signature		Date		
<b>D. Leave Approval</b>				
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: Consult with Superintendent		<input type="checkbox"/> Yes <input type="checkbox"/> No		
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		