



REQUEST FOR LEAVE OF ABSENCE

Electronic Version

SECTION A: TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ Employee I.D. Number: _____

School or Work Location: _____

Employee Group: *(Please check appropriate box)*

UNION:	OPSEU	<input type="checkbox"/>	ETFO	<input type="checkbox"/>	INSTRUCTORS	<input type="checkbox"/>
	CUPE	<input type="checkbox"/>	OSSTF	<input type="checkbox"/>		
NON-UNION:	AESP	<input type="checkbox"/>	PRINCIPAL & VICE PRINCIPAL			<input type="checkbox"/>

I am requesting permission to be absent from my regular duties on the following date(s) for the following reasons:

First Day of Leave: _____ Last Day of Leave: _____

Reason For Leave: *(Please be specific)*

Attach Supporting Documentation & Information on Extenuating Circumstances *(e.g. medical information, proof of travel plans, community service)*

I understand this request must be approved by Human Resource Services and that it may be granted with or without pay. **If approved, this absence must be entered into the SCARRI system. If this absence is without pay the salary deduction will occur on the next regularly scheduled pay following the Principal/Manager/Supervisor's validation of the absence in SCARRI. If replacement costs are covered by an external agency/organization, please provide the name, address and contact person of the agency/organization to be billed.**

Agency/organization Name/Address: _____

Contact Name: _____ *Please submit to your Principal/Immediate Supervisor for authorization.*

EMPLOYEE SIGNATURE: _____ DATE: _____

SECTION B: TO BE COMPLETED BY PRINCIPAL/ SUPERVISOR

Please note your concerns this leave may have on affecting programming or student needs. Please note any potential contributions to the school, students and/or community.

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE: _____

SECTION C: TO BE COMPLETED BY HUMAN RESOURCE SERVICES ADMINISTRATOR

APPROVED WITH PAY APPROVED WITHOUT PAY DENIED

Instructional letter including any conditions or limitations attached: YES: NO:

SIGNATURE: _____ DATE: _____



REQUEST FOR LEAVE OF ABSENCE

Manual Version

SECTION A: TO BE COMPLETED BY EMPLOYEE (Please Print)

Employee Name: _____ Employee I.D. Number: _____

School or Work Location: _____

Employee Group: *(Please check appropriate box)*

- | | | | | | | |
|------------|-------|--------------------------|----------------------------|--------------------------|-------------|--------------------------|
| UNION: | OPSEU | <input type="checkbox"/> | ETFO | <input type="checkbox"/> | INSTRUCTORS | <input type="checkbox"/> |
| | CUPE | <input type="checkbox"/> | OSSTF | <input type="checkbox"/> | | |
| NON-UNION: | AESP | <input type="checkbox"/> | PRINCIPAL & VICE PRINCIPAL | | | <input type="checkbox"/> |

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Agency/organization Name/Address: _____

Contact Name: _____ *Please submit to your Principal/Immediate Supervisor for authorization.*

EMPLOYEE SIGNATURE: _____ DATE: _____

SECTION B: TO BE COMPLETED BY PRINCIPAL/ SUPERVISOR

Please note your concerns this leave may have on affecting programming or student needs. Please note any potential contributions to the school, students and/or community.

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE: _____

SECTION C: TO BE COMPLETED BY HUMAN RESOURCE SERVICES ADMINISTRATOR

APPROVED WITH PAY APPROVED WITHOUT PAY DENIED
Instructional letter including any conditions or limitations attached: YES: NO:

SIGNATURE: _____ DATE: _____