

REQUEST FOR A FULL-TIME LEAVE OF ABSENCE WITHOUT PAY

The Policy on Leaves of Absences without Salary and Sabbatical Leaves with Deferred Salary indicates the following concerning: Full-time leaves of absence without salary

All employees are eligible for this leave as governed by the provisions of their collective agreements.

Requests for full-time leaves without pay from school level personnel who work directly with students **shall not be granted more than 2 years**. Furthermore, an employee absence that does extend one of these periods for reasons other than extenuating circumstances accepted by the Board must be accompanied by a medical note or the absence shall be processed as an unauthorized leave of absence.

In conformity with the provisions of the collective agreement, the policy and procedures regarding leaves of absence without pay, I,

Name: _____

School or Department: _____ Position: _____

request a full-time leave of absence without pay according to the following:

Reason for the request:

Period: Description: For a complete school year: indicate the year:

Date

I have read the articles of the collective agreement pertaining to this subject as well as the policy and request this leave accordingly.

Signature of employee

FOR THE USE OF THE IMMEDIATE SUPERIOR

I recommend the full-time leave of absence without pay request as described above \Box yes \Box no

Principal or Director

Date

FOR THE USE OF THE HUMAN RESOURCES DEPARTMENT

The full-time leave of absence without pay request described as above is accepted \Box refused \Box

Period: From	to:	:
Period: From	10.	:

Shauna Callender
Director of Human Resources

Date

c.c. Union Principal or Director