

**SCHOOL DISTRICT NO. 87 (Stikine)**

P.O. BOX 190
DEASE LAKE, B.C. V0C 1L0
Tel. (250) 771-4440
Fax (250) 771-4441

APPLICATION FOR LEAVE OF ABSENCE

(TEACHING STAFF)

This form must be submitted at least 7 working days prior to leave unless it is an emergency.

Name: _____ School: _____

Leave requested under Contract Article Number:

- | | | |
|--|---|---|
| ☐ Art. A8: Prov. Contract Negotiations | ☐ Art. G20 Sick Leave | ☐ Art. G30: Discretionary |
| ☐ Art. A23: Local Business | ☐ Art. G21: Maternity Leave | ☐ Art. G31: Community Service |
| ☐ Art. A24: Local Contract Negotiations | ☐ Art. G22: Extended Maternity | ☐ Art. G32: WCB With Pay |
| ☐ Art. F21: Professional Development | ☐ Art. G23: Parenthood | ☐ Art. G33: Deferred Salary |
| ☐ Art. F22: Non-Instructional Days | ☐ Art. G24: Extended Parenthood | ☐ Art. G34: Extended Personal |
| ☐ Art. G2: Compassionate Care | ☐ Art. G25: Paternity | ☐ Art. G35: Convocation |
| ☐ Art. G3: Family Responsibility Lv. | ☐ Art. G26: Adoption | ☐ Art. G36: Secondment |
| ☐ Art. G4: Bereavement Leave | ☐ Art. G27: Jury Duty | ☐ Art. G37: Superintendent Discretionary |
| ☐ Art. G5: Unpaid Discretionary Lv. | ☐ Art. G28: Extended Educational | |
| ☐ Art. G11 Cultural Leave | ☐ Art. G29: Emergency Family Illness | |

TOC Required? ☐ Yes ☐ No
Name of TOC: _____

Detailed explanation required for all leaves. Professional Development Leaves must include copy of Pro D Details Form.
(Inadequate information may cause request to be denied)

First date of leave: _____ Return to work date: _____ Total days requested: _____

Signature: _____ Date: _____
(Signature of Employee)

(To be completed by Principal)

I recommend that this request be ☐ Approved ☐ Denied _____
(Signature of Principal)

(For Board Office use only)

Approved: ☐ Denied: ☐

Signature: _____ **Date:** _____
Superintendent / Secretary Treasurer

Source of Funds: ☐ District Cost ☐ Salary Deduction ☐ STA Pro-D (cost for sub)
☐ Personal Sick Leave Credits ☐ Leave without Pay