



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:

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

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