

CERTIFIED STAFF

REQUEST FOR LEAVE OF ABSENCE

The undersigned does hereby request a leave of absence day pursuant to Sections 7.1, 7.3, 7.4, and 7.5 of the Collective Bargaining Agreement. 1 / 2 Full

I request a leave of absence during the timeframe of _____.

Type of Leave: Grade/Position: _____

Sick Day (7.1) (If known ahead of time,
Dr's note needed after 3 days)

Approved Disapproved Initials _____
Principal

Bereavement (7.3) (2 per incident – Family Only – spouse, children, step-children, grandchildren, parents, grandparents, brothers, sisters, brother in-law, sister in-law, father in-law, mother in-law, uncle, aunt, niece, nephews, and first cousins.

Approved Disapproved Initials _____
Principal

Personal (7.4) (2 per yr, 48 hr prior notice, may not be requested to extend a holiday before or after the holiday)

Approved Disapproved Initials _____
Principal Superintendent

Unpaid Leave (7.5) (School Board approval required)

Length of time _____

Approved Disapproved Initials _____
Principal Superintendent

Other _____

Approved Disapproved Initials _____
Principal Superintendent

Signature

Date

Administrator Signature

Date

Superintendent Signature

Date

Email of teacher submitting form: