

SUPPORT STAFF

NOTICE

OF

REQUEST FOR LEAVE OF ABSENCE

The undersigned does hereby request a leave of absence day pursuant to Sections 4.9, 8.2, and 8.3 of the Collective Bargaining Agreement.

I request a leave of absence day on _____.

Type of Leave:

| | | | | |
|---|--------------------------------------|----------|-------|--------------------------|
| <input type="checkbox"/> Personal (8.2) | | | | Principal/Superintendent |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Initials | _____ | _____ |
| <input type="checkbox"/> Unpaid Leave (8.3) | | | | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Initials | _____ | _____ |
| <input type="checkbox"/> Bereavement (8.6) | | | | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Initials | _____ | _____ |
| <input type="checkbox"/> Vacation (4.9) | | | | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Initials | _____ | _____ |
| <input type="checkbox"/> Holiday (4.10) | | | | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Initials | _____ | _____ |

Signature

Date of Submission

Administrator Signature

Date

Superintendent Signature

Date