



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

<p>TOC Required?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____
	(Signature of Principal)

(For Board Office use only)		
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	
Signature: _____	Date: _____	
Superintendent / Secretary Treasurer		
Source of Funds:	<input type="checkbox"/> District Cost	<input type="checkbox"/> Salary Deduction
	<input type="checkbox"/> Personal Sick Leave Credits	<input type="checkbox"/> Leave without Pay
		<input type="checkbox"/> STA Pro-D (cost for sub)
_____ _____		