



**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**

(NON-TEACHING STAFF)

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Leave requested under Contract Article Number:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Art. 19.03: In Lieu of Overtime | <input type="checkbox"/> Art. 23.06: Cultural Leave          | <input type="checkbox"/> Art. 23.12: c) Adoption               |
| <input type="checkbox"/> Art. 20.04: Floating Holiday    | <input type="checkbox"/> Art. 23.07: Maternity/Adoption      | <input type="checkbox"/> Art. 23.12: d) Band Council Elections |
| <input type="checkbox"/> Art. 21.01: Annual Vacation     | <input type="checkbox"/> Art. 23.08: Jury Duty/Court Witness | <input type="checkbox"/> Art. 23.13: Volunteer Firefighter     |
| <input type="checkbox"/> Art. 21.05: Extended Vacation   | <input type="checkbox"/> Art. 23.09: General Leave           | <input type="checkbox"/> Art. 23.14: Ambulance                 |
| <input type="checkbox"/> Art. 22.01: Sick Leave          | <input type="checkbox"/> Art. 23.10: Public Duties           | <input type="checkbox"/> Art. 23.15: Compassionate Care        |
| <input type="checkbox"/> Art. 23.01: Union Business      | <input type="checkbox"/> Art. 23.11: Medical Care            |  |
| <input type="checkbox"/> Art. 23.02: Union Functions     | <input type="checkbox"/> Art. 23.12: a) Employee's Marriage  |  |
| <input type="checkbox"/> Art. 23.04: Bereavement         | <input type="checkbox"/> Art. 23.12: b) Birth                |  |

**Detailed explanation required for all leaves. Professional Development Leaves must include copy of workshop agenda.**  
*(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/Supervisor)**

I recommend that this request be  **Approved**  **Denied** \_\_\_\_\_  
(Signature of Principal/Supervisor)

**(For Board Office use only)**

**Approved:**  **Denied:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Superintendent / Secretary Treasurer

Source of Funds:  District Cost  Salary Deduction  
 Personal Sick Leave Credits  Leave without pay

\_\_\_\_\_  
\_\_\_\_\_