



School District No. 92 (Nisga'a) PO Box 240, New Aiyansh BC. V0J 1A0

REQUEST FOR LEAVE OF ABSENCE - CUPE Local 2298

Position: _____ Work Location: _____

Employee Name _____ Emp. #: _____

Date of Leave: _____

Time of Leave _____

Reason for Leave: **MARK APPROPRIATE AREA WITH X** (attach any pertinent document pertaining to leave)

- | | |
|--|---|
| <input type="checkbox"/> General – 15.01 | <input type="checkbox"/> Personal Leave - employee discretion |
| <input type="checkbox"/> Jury Duty – 15.02 | <input type="checkbox"/> Parental Leave – 15.10 |
| <input type="checkbox"/> Weather Conditions – 15.03 | <input type="checkbox"/> Adoption Leave – 15.11 |
| <input type="checkbox"/> Compassion Leave – 15.04 | <input type="checkbox"/> Extended Leave – 15.12 |
| <input type="checkbox"/> Cultural Leave – 15.05 | <input type="checkbox"/> Annual Vacation - Article 14 |
| <input type="checkbox"/> Representative of Union – 15.06 | <input type="checkbox"/> WCB – Director of Operations is to be notified |
| <input type="checkbox"/> Examinations – 15.07 | |
| <input type="checkbox"/> Sick Leave – 15.08 (a) | |
| <input type="checkbox"/> Medical Leave – 15.08 (c), (d) attach supporting document | |
| <input type="checkbox"/> Maternity Leave – 15.09 | |

Please attach all leave documents: meeting, training, workshop and PRO-D.

Please do not book travel/appointment until you receive your leave back approved .

EXPLANATION: _____

Application must be submitted at least ONE week prior to date general leave required

Employee Signature Date: _____

HR's Report / Recommendations

- ☐ Received and recommend approval with pay – comments: _____
- ☐ Received and recommend approval without pay – comments: _____
- ☐ Received and recommend leave be denied – comments: _____

Other recommendation/comments: _____

HR - Signature Date: _____

This is a district form duly adopted by the Board.

No applications will be considered unless submitted on this form.

Any attached pertinent documents will be photocopied and returned to applicant.

Original of the application to be submitted to the Board office, by receiving supervisor.

This form shall precede approval of any leave except emergency cases.

Entered in SDS

Date: _____ By: _____
initials