



REQUEST FOR LEAVE OF ABSENCE - CUPE Local 2298

Leave Information

Employee Name: _____

Employee Number: _____

Work Location: _____

Supervisor: _____

Dates of Absence: _____

Time of Absence: _____

Reason for Absence: Mark appropriate area with "X" (attach any pertinent documents pertaining to leave)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> 14 Vacation | <input type="checkbox"/> 15.01 General | <input type="checkbox"/> 15.03 Weather Conditions | <input type="checkbox"/> 15.04 Compassionate |
| <input type="checkbox"/> 15.05 Cultural | <input type="checkbox"/> 15.06 Representative of Union | <input type="checkbox"/> 15.07 Examinations | <input type="checkbox"/> 15.08 Sick |
| <input type="checkbox"/> 15.09 Maternity | <input type="checkbox"/> 15.10 Parental | <input type="checkbox"/> 15.11 Adoptions | <input type="checkbox"/> 15.12 Extended Leave |

Leave of Absence request must be submitted at least one week prior to date of general leave requested. Please attached all supporting documents: medical, meeting, training, workshop, PRO-D.

Explanation:

Please do not book travel/appointments until you have received your leave application back approved.

_____	_____
Employee Signature	Date

Approval

Supervisor's Recommendations:	Comments
<input type="checkbox"/> Received and recommend approval with pay	_____
<input type="checkbox"/> Received and recommend approval without pay	_____
<input type="checkbox"/> Received and recommend leave be denied.	_____

_____	_____
Approval Signature	Date

This is a district form duly adopted by the Board. No application will be considered unless submitted on this form. Any attached pertinent documents will be photocopied and returned to applicant. Original of the application to the Board Office, by receiving supervisor. This form shall precede approval of any leave except emergency cases.

Revised: 12-Jun-20

Entered in SDS _____

_____	_____
Date	Initials