



## REQUEST FOR LEAVE OF ABSENCE – NISGA’A TEACHERS UNION

### 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"/> G.2 Compassionate Care         | <input type="checkbox"/> G.3 Family          | <input type="checkbox"/> G.4 Bereavement               |
| <input type="checkbox"/> G.5 Unpaid Discretionary Leave | <input type="checkbox"/> G.6 Union Business  | <input type="checkbox"/> G.6 BCTF Business             |
| <input type="checkbox"/> G.21 NTU                       | <input type="checkbox"/> G.22 Negotiations   | <input type="checkbox"/> G.23 Parenthood Leave         |
| <input type="checkbox"/> G.24 Paternity Leave           | <input type="checkbox"/> G.25 Adoption Leave | <input type="checkbox"/> G.26 Maternity Leave          |
| <input type="checkbox"/> G.27 Sick Leave                | <input type="checkbox"/> G.28 Discretionary  | <input type="checkbox"/> G.29 Leave for Elected office |
| <input type="checkbox"/> G.30 Jury Leave                | <input type="checkbox"/> G.31 General Leave  | <input type="checkbox"/> G32 Emergency Leave           |
| <input type="checkbox"/> G.33 Educational Leave         | <input type="checkbox"/> G.34 Personal Leave | <input type="checkbox"/> G.35 Cultural 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.*

_____ <b>Employee Signature</b>	_____ <b>Date</b>
------------------------------------	----------------------

### Approval

<b>Supervisor’s Recommendations:</b>	<b>Comments</b>
<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.	_____

_____ <b>Approval Signature</b>	_____ <b>Date</b>
------------------------------------	----------------------

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