HOLY FAMILY ROMAN CATHOLIC
SEPARATE SCHOOL DIVISION NO. 140

4051 APPENDIX 3

SUPPORT STAFF LEAVE REQUEST

Employee Requesting Leave: _____

Position: _____ School: _____

Date(s) Requested: _____

LEAVES:

☐ Sick Leave ☐ Compassionate Leave ☐ Union Leave
☐ Medical Leave ☐ Bereavement Leave ☐ Jury/Witness Duty
☐ Mourners Leave ☐ Course Leave ☐ Personal Leave – Pressing Necessity
☐ General Leave
☐ Short Term ☐ Long Term
☐ Subsequent to and Consecutive with Maternity, Parental and Adoption Leave
** Maternity, Parental and Adoption Leave by letter.

REASON FOR LEAVE: Details of above request (if space provided is not sufficient, please attach a letter to this form).

_____
_____
_____
_____

Substitute: ☐ Required ☐ Not Required **Leave Requested**: ☐ With Pay ☐ Without Pay

_____ _____
Applicant's Signature **Date**

****

Principal's Comments:

_____
_____

Principal's Recommendation: ☐ Approve ☐ Deny

Rationale:_____

_____ _____
Principal's Signature **Date**

****

DIVISION OFFICE USE ONLY

Superintendent of Finance/Designate Recommendation: ☐ Approve ☐ Deny

Rationale: _____

Signature: _____ **Date:** _____