



HOLY FAMILY ROMAN CATHOLIC  
SEPARATE SCHOOL DIVISION NO. 140

4051 APPENDIX 1  
TEACHER LEAVE REQUEST

Employee Requesting Leave: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

**TYPE OF LEAVE REQUESTED:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sick Leave     | <input type="checkbox"/> Compassionate Leave  | <input type="checkbox"/> Community Service Leave      |
| <input type="checkbox"/> Earned Day Off | <input type="checkbox"/> Bereavement Leave  | <input type="checkbox"/> Jury Duty/Subpoenaed Witness |
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Curriculum/Professional Meetings<br>(Outside of School Division) | <input type="checkbox"/> University Examination       |
|   | <input type="checkbox"/> Leave for Non-Professional Matters                               | <input type="checkbox"/> Other                        |

**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**

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Principal's Comments: \_\_\_\_\_

Principal's Recommendation:  Approve  Deny

Rationale: \_\_\_\_\_

\_\_\_\_\_  
**Principal's Signature** **Date**

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**DIVISION OFFICE USE ONLY**

Director of Education/Designate Recommendation:  Approve  Deny

Rationale: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_