



HOLY FAMILY ROMAN CATHOLIC
SEPARATE SCHOOL DIVISION NO. 140

4051 APPENDIX 2

**CENTRAL OFFICE AND PROFESSIONAL SUPPORT STAFF
LEAVE REQUEST**

Employee Requesting Leave: _____

Position: _____

Date(s) Requested: _____

LEAVES:

- Sick Leave Compassionate Leave
- Personal Leave Bereavement Leave Jury / Witness Duty
- Other (Specify Below)

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

DIVISION OFFICE USE ONLY

Superintendent of Finance/Designate Recommendation: Approve Deny

Rationale: _____

Signature: _____

Date: _____